

*The
S. P. Dispenser*
AMERICAN

JOURNAL OF INSANITY.

EDITED BY THE

MEDICAL OFFICERS OF THE NEW YORK STATE
LUNATIC ASYLUM.

VOL. XXXII.

The care of the human mind is the most noble branch of medicine.—GROTIUS.

• • •

STATE LUNATIC ASYLUM.
UTICA, NEW YORK.

1875-76.

ELLIS H. ROBERTS & CO., PRINTERS,
HERALD OFFICE, UTICA.





AMERICAN
JOURNAL OF INSANITY,
FOR JULY, 1875.

RESPONSIBILITY OF THE INSANE—HOMI-
CIDE IN INSANITY.

BY JOHN P. GRAY, M. D., LL. D.

[Read before the Association of Medical Superintendents of American Institutions for the Insane, at Auburn, N. Y., May 1875.]

One of the most perplexing problems in jurisprudence consists in determining what constitutes accountability. The moral element which enters into the question renders it especially difficult. In criminal cases, the question, what constitutes responsibility, in the eye of the law, is of the highest consequence to the public as well as the individual. The conditions upon which the law excuses from responsibility are two. First, idiocy or imbecility to the degree of incapacitating the person from acquiring the elements of ordinary mental culture, so as to render him unable to distinguish right and wrong, as ordinarily accepted among mankind. Second, insanity, a disease of the brain, by reason of which there is produced a change in the individual in his way of thinking, feeling and acting,

[How far the education of idiots and imbeciles may influence the question of their responsibility, before the law, is a point that has not yet been brought before our courts, either in civil or criminal cases. It certainly is an important question in respect to this class.]

VOL. XXXII.—No. I—A.

and in consequence of which the judgment becomes so obscured that he is unable to distinguish between right and wrong, or to realize the moral quality of any particular act. By this, is not meant the ability to differentiate, merely between right and wrong in the abstract, (for the insane generally are able to do this,) but to know the nature and quality of an act so as to be able to exercise a choice of action, under freedom of will. This implies a power of acting and thinking rightly, independently of any overshadowing effect of disease tending to disturb the operations of the mind. This constitutes the legal test of responsibility.

The question, therefore, in a case of homicide, is not simply whether insanity exists and is *ipso facto* a bar to punishment, but whether there is insanity of such character and degree as to render the person legally incompetent to commit a crime. The law undertakes, through the courts, to set forth what legal competency is.

If any one should give himself the labor of reading carefully the opinions of courts on this point for the past half century, he would settle down to the conviction that judges differ as well as doctors. However, courts have this great advantage that the latest decision of the highest tribunal, however it may differ from preceding ones, and without reference to the eminence of the judges rendering the judgment, is the law until changed by further decisions.

Indeed, a careful reader must be impressed with the fact that there has not been a satisfactory formulation of opinion on this question by courts. "While experts may be called to testify as to states of mind and conditions of health, it is for the court to declare whether such states and conditions constitute irresponsibility."

Wharton and Stillé, § 193.

I have said the moral element renders the question difficult. Two elements must enter into any attempt at elaborating a formula or definition, viz.: The ability to judge of the moral quality of an act, and the ability to control one's action in accordance therewith, in the particular instance in regard to which the question of responsibility arises. It is plain that any inability of moral judgment or of control, to constitute such irresponsibility, must be the offspring of disease of the brain. There is a wide difference between such a condition and that kind of delinquency, which has its foundation in ignorance, in vice, or in any voluntary abandonment to irregular, dissipated or vicious habits of thought and living, where habitual indulgence in criminal thoughts and acts obscures or obliterates the moral sense and thus incapacitates for the true perception between right and wrong, and impairs the ability to properly choose or direct one's actions.

"If the speculations of the school or closet lead us to the belief that insanity may sometimes occur through the dominating power of a mental habit, without the intervention of disease, such opinions will be found foreign to the practical questions to be decided in courts of criminal justice. However interesting it may be to the psychologist to trace the growth of a vicious indulgence in some passion or instinct through all the gradations of mental habit, until he feels himself justified in denominating the result, a state of insanity; he must not forget that in the trials of criminal supposed to be insane, the question is not alone respecting the existence of insanity, but respecting that of irresponsibility also. The man who would claim for a criminal, exemption from punishment on the plea of insanity, arising from the vicious and uncontrolled indulgence in some passion or emotion, would have to establish not only the existence of such a form of insanity, but to defend two other positions; namely, that a man is not responsible for conduct resulting from vicious habits of mind, provided the latter gain over him a complete mastery, and compel him, contrary to all dictates of prudence, to actions injurious to society and ruinous to himself. And secondly, that neither the fear, nor the infliction of

punishment, will prove efficacious in preventing the repetition of such acts.

It would be a puerile employment to show the untenable nature of such positions, and it must suffice to express in this place our conviction, that insanity resulting solely from vicious habits of mind without disease, cannot confer irresponsibility for criminal acts; and that punishment, or more properly speaking, corrective discipline, is competent to restrain its mischievous manifestations.

Cicero says, that all fools are insane; and Hale, that all criminals are insane; and when folly and criminality have reached their climax and borne their fruits, it is not an edifying spectacle to behold the psychological physician stepping forward for the purpose of claiming immunity for the offender.

The element of disease therefore in abnormal conditions of mind is the touchstone of irresponsibility, and the detection of its existence or non-existence is the peculiar and oftentimes the difficult test of the psychopathist."—*Bucknill Criminal Lunacy*, pp. 20.

This distinction between actual disease on the one hand, and mere demoralization on the other, should always be kept in mind. So also a vicious education from childhood, or entire ignorance, can not, in law, excuse from the consequences of criminal acts, although their subjects may be able to distinguish but very imperfectly between right and wrong. There may be such a suppression or perversion of moral sense as to prevent or confuse the exercise of ordinary judgment, as to the rights of others. Such was probably the case in the boy Pomeroy, of Boston, who was recently tried and convicted of torturing, and finally murdering children. I recall a similar case, that of Mike Ferguson, who was hung in Ithaca, a few years ago, for murdering two persons, in the most brutal manner, and afterwards setting fire to the house. After sentence, an appeal was made for commutation to imprisonment for life, and the Governor directed me to examine him. I found him weak-minded and incapacitated for the acquisition of the rudiments of education,

to a marked degree, but he was not an idiot and was not insane. He knew the consequences of such a crime, and endeavored to conceal it by burning the buildings and escaping. He carried away the axe with which he committed the crime, and dropped it into the middle of the lake. He was indifferent to his fate, said he should do the same thing again under similar circumstances. I considered him a pronounced imbecile, and recommended commutation, but the Governor did not deem it advisable to interfere with the course of the law, as the law, through the court, had already considered the question of his condition. If the prisoner knew what the law was, and the consequences of his acts, and sought to evade these consequences, by concealment of the crime, and was neither an idiot nor insane, he ought to suffer the penalty of the law.

There may be, and there doubtless are such cases, in which clemency is proper, and can be exercised in the interests of humanity and good government, but they represent no phase of insanity, since the element of disease is not present.

The character of an act, however atrocious, can not become an element or factor, in the question of irresponsibility, except as shown to be the offspring of disease of the brain. I use the words disease of the brain, as I do not wish to be understood, even by implication, as having any sympathy with the doctrines of a reflex or spinal-cord mind. Insanity consisting of a group of physical conditions, and mental manifestations, and being a departure of the individual from his normal standard of physical and mental condition, a stand-point of judgment must be chosen for each individual case. Insanity is not a given sum of mental weakness and aberration. It is variable as found in different individuals. Furthermore, it can not be expressed in any

fixed formula of language, by setting forth certain characteristics, as present or absent. Medical science has aimed to give such a formula or definition, as would embrace a central, universal, dominating characteristic, something pathognomonic, around which the peculiarities of individual cases might be grouped, but even this has not been successfully accomplished. Indeed, at the starting point we are met with the fact that doctors, and especially experts, are not agreed as to what insanity is, much less responsibility. Turning to works on insanity, and particularly to works on jurisprudence, one can not but be struck, not only with the failure to give a satisfactory definition of insanity, but with the positive disagreement as to its essential nature. Whether it affects the whole mind, or is partial, only affecting certain faculties, so-called; whether it is an actual disease of the mind, and may exist independently of morbid conditions of body, or, whether the whole man, body and mind is not merely a physical thing, with only such responsibility as social law or expediency may give it. While doctors disagree, the courts assume all the responsibility. They lay down the test of right and wrong as heretofore stated, and reserve the right and power of saying what insanity before the law is, and what responsibility is. They ask the intent of the crime? From what it springs? The moving incentive or motive? These are all embraced in the power of seeing the right and wrong of a given act. The legal test does not raise the question, as to whether the individual has or has not a general knowledge of right and wrong, but simply as to the act for which he stands charged, and makes excuse. It is no answer that the insane generally know right and wrong, and are largely governed by the same motives by which they were governed in health. Lawyers do often ask

this question of experts, and it is generally answered in the affirmative. This test suggests no conflict between law and medical science. The plea in defense, is incapacity, loss of direction of mind, loss of power over the will, insanity, a man not himself, really in essence the same as the legal test suggests or demands. To declare a man insane, would seem to be sufficient to cast a doubt on all his acts. However, it is claimed, as before suggested, by medical men, who are recognized as experts, that the whole judgment is not necessarily clouded, that parts of the mind are clear and untouched, that a man may have an unclouded intellect, but be insane in his moral nature. That obscuration and aberration, are not so much questions of degree, as of kind ; that insanity is of two kinds, one of the intellectual, and one of the moral man, or intellectual and moral insanity. Further, that these two kinds might be present in the same individual, in various forms and combinations, or that a man might have various forms of either kind ; that only a part of the intellectual nature might be involved, or a part of the moral nature, or a little of both.

To those who believe in the absolute divisibility of mind, who are truly phrenologists, such a theory must be acceptable. By those who believe in the unity of mind, and hold that the mental being consists of a moral and intellectual nature indissolubly combined, such a theory could not be received or entertained.

Now if insanity has a physical basis and is actually a disease of the brain, which is now generally admitted, it ought not to make any difference in determining as to responsibility, whether the individual is intellectually or morally insane. In fact to be morally insane would be the worse of the two. Right and wrong are moral considerations. Mere intellect can not take into consideration the moral quality of the act. Bucknill says :

"The sense of duty, the feeling of right and wrong, is an innate principle of the human mind, implanted by the Almighty, and serving as a sure foundation for the responsibility of man for his actions; which is thus not left to chance development, but is rendered an essential and necessary part of human nature." (*Crim. Lun.* pp. 29.)

If moral insanity exists, then the test of right and wrong is absolutely necessary, as it applies to the quality of the act. It would only remain then to diagnosticate the disease. One authority says, "without psychological knowledge, the most experienced superintendent of the insane is incompetent; for the question whether one function of the mind can become insane while the rest remain sane is to be decided, mainly on psychological grounds." (*Wharton and Stillé*, § 275.) The same authority says in another connection. "By almost all modern psychologists, by all the governmental forensico-legal experts of Germany, by whom such great breadth and ability of diagnosis is exhibited, and by whom such unparalleled patience and compass of induction are exercised, by at least a preponderating weight of opinion among English and American alienists, the theory of distinct moral monomania, the mind remaining sane, is not only repudiated but denounced." (§ 196.)

It is in regard to crimes that the question of responsibility is most serious. The experience I have had in the observation and treatment of the insane leads me to the conclusion that differences in cases are due to degree and not to kind of insanity, modified by habits of thought, education, social influence, &c. That cases of mania, melancholia and dementia are not to be divided into kinds, as moral and intellectual, but into degrees of intensity as to mental obscuration, breadth of delusions and enfeeblement of mental action.

I do not, at this time, propose to discuss at length the question of the existence or non-existence of monomania, as claimed by certain writers. It is rather my purpose here to give a series of clinical cases, which have passed under my personal observation for a period of twenty-five years past, embracing a large number of cases of actual homicide, as well as unsuccessful attempts at homicide, and threats looking to such a crime.

One of the tendencies of the progress of physiology, in our day, unfortunately, has been to lower the estimate of our moral nature, by ascribing to it an exclusively physical basis. If this latter were true, as a postulate, then we should expect to find moral degradation, keeping pace uniformly with physical deterioration; since by no possibility could the moral nature, if a constant dependent upon the physical, stand at all when the latter was undermined. But what are the true facts? What does the field of clinical medicine daily reveal to us? Why simply this, that the majority of diseases, and among them the most wasting in their extent of blood and cell, as phthisis, cancer, marasmus, produce no corresponding deterioration of the moral nature. A man may indeed be depressed in dyspepsia and hopeful in consumption, but those states are only passing clouds or gleams of sunlight, upon his mental or moral horizon, which in no sense necessarily involve his moral affections. They do not impair or destroy his love of truth, his hatred of wrong, or essentially affect the manner in which he discharges his duties as a citizen to society. So that the argument from nature rather sustains the view that the moral nature is something intended to remain, as it was originally placed, above the immediate reach of physical causes; and, therefore, whenever it is reached by them it is through changes which are not directly nor exclu-

sively material, but by a surrender of the individual to excesses on the one hand and their consequences, or on the other to deteriorating popular errors in hygiene, in its broad sense. Thus, for example, in a circle of society where pallor and a certain valetudinarianism are considered marks of high birth and culture, and in which these marks are sustained by certain conditions of life, robustness and ordinary sensibility would be looked upon as a declension in tone of blood. This actual and cultivated physical deterioration is by no means necessarily marked by moral declension.

Responsibility is not measured by any physical standard, nor is crime. If crime be, as some assert, simply or possibly automatic, a something springing out of the physical nature, then all law, under social organization, is a conspiracy against our nature, and men would have no more right to punish each other for infractions of law than they would have to punish each other for being born with bodily defects. All social order rests on either voluntary self-restraint, or forcible. The moment a man loses his capacity of self-control he becomes dangerous to the well-being of society, and in consequence should be restrained, either as a criminal or an insane person. But in neither of those conditions are his acts automatic. Automatism can not be predicated of thought occupied with external things as its originator or ultimate purpose. We are acted upon by things outside of ourselves before we return an act towards them. Hence, some consciousness and reflection accompany the initiatory stages of any human action. The error of a purely physiological view of mental action consists in giving it an exclusively physical origin and basis, regardless of the fact that mind has acted with great vigor in many conditions of bodily disease, involving various organs, and

the nervous system, and even the brain. Thus men like Robert Hall and Heinrich Heine, the victims of spinal disease, unquestionably acting, by sympathy of contiguity at least, upon the brain, have produced immortal works in which nothing like impaired mental and moral power can be detected. Such examples, which experience could multiply indefinitely, should make us wary of accepting theories of mental action, purely gratuitous, as these illustrations show. On the other hand it is not safe to affirm absolute independence of mind on bodily influence, for all clinical experience teaches the contrary. The golden mean lies in acknowledging a limit of the power of each over the other, though we may never be able to fix the exact line where physiology ends and psychology begins. But it is apparent enough that the mind is always the superior in endurance, and in consequence is not readily dethroned by causes, however material. It is nevertheless true that when mind does give way the evidences are generally first seen in the moral affections. Could we eliminate from human experience such dominant subjects as domestic life, religion and social law, all coming within our moral nature, the regions of the passions and affections, the character of lunacy would itself be modified as well as our ideas of crime and responsibility. But we are constantly to take into consideration moral ideas either in the form of duty to God, to kindred, to society as well as to self. Unless this is done, the moral nature, born of physically produced, and unrestrained tendencies, is swept away. To this extent, therefore, crime may have a physical basis for its execution, though not necessarily for its existence in man. M. Despine in his attempt to unfold the etiology of crime has treated it mainly as a problem in physiology which view if logically carried out would undermine all re-

sponsibility and establish for absolute truth and justice a doctrine of expediency, and necessitate the most absolute despotism to save society from drifting into anarchy.

In reality it is not a problem of either physics or metaphysics, exclusively, but of both, and the factors which enter into it, are as manifold as those which go to make up character, as parentage, sex, temperament, education, habits of body and mind all of which must be considered. A diagnosis in criminal cases, requires searching into all the past, as well as the present circumstances of the individual's life. In this way alone can we differentiate between the sane, and the insane man. Thus we ascertain his original and normal standard, and are able to mark the departure from it, whether by disease or demoralization.

And since neither physics nor metaphysics alone, can decide the question, apart from the personal characteristics of the individual case, so we are reminded that it is by keeping constantly in view the original dual nature of man, that we can resolve with any approximation to correctness and justice, problems of criminal responsibility.

A striking characteristic of the criminal class, as a whole, is not an enfeebled physical condition, recognized at a glance, as in the insane, but on the contrary, a state of robustness of health, with power of endurance of the vicissitudes of season and exposure, interruption of sleep and irregular diet, and all without apparent affect. Many of this class, make good soldiers and sailors, and conquer circumstances under pressure. Surely then the physical sensations, which are assumed to prove the invariable basis of crime, must be tonifying, rather than debilitating agents, since they so closely simulate health, and but for the crime, would be called perfection of functions.

In order to reconcile these patent contradictions in the premises, it is then assumed that such persons are psychologically insane, although they present this high type of physical life, and present no higher symptoms than belong to the ordinary exercise of free will. Killing, certainly, is not to be taken as a proof of insanity or disease, and neither are stealing or lying any more than levity out of place, or any other oddity of behavior.

However, in the case of Mrs. McCarthy, tried in Utica, a few years ago, for shooting at a man and killing another person in a street car, which she had deliberately watched and entered, two doctors, one of whom had had an experience of some years with the insane, testified to the instantaneous character of insanity, and one of them that the purpose to kill, was the essence of the insanity, and the shooting, both the culmination and cure of the disease, as it relieved the morbid feeling.

The case of Sickles, that of General Cole, and that of McFarland, were of the same type.

I see no ground on which to rest an hypothesis of an impulsive insanity, or to justify an incorporation in our medical jurisprudence of such a form. I can not conceive of a homicidal act, impulsive, without motive, delusion, or passion, simply a so-called impulse to kill, and a careful analysis of clinical cases, under my own observation, as well as a large experience in the examination of criminals, sustains this view. Impulsive disease can not exist. The term impulse used to describe certain acts of the insane, executed suddenly, and without apparent premeditation, may be proper enough, as qualifying a mental state during an act, as impulsive homicide, but this does not justify the transposition into homicidal impulse. Such transposition would show, not that the acts were apparently unpre-

meditated and sudden, but that in the mind there was suddenly generated a murderous impulse, an irresistible power, which, without the intervention of reason, or any intellectual act or motive, suddenly impels to the physical act. Man is not the prey of blind impulse.

In presenting actual cases of insanity, in which crimes were committed, I desire to determine, as far as possible, what the influencing motives or conditions are, as by clinical cases only, can the problem be solved. I present them under a slight modification of the divisions, suggested by Dr. Bucknill, some years ago, in his most admirable monograph, on "Criminal Lunacy." His classification was as follows:

"I. Those wherein the crime has been occasioned by delusion, and no reasonable person can doubt or object to the irresponsibility of the offender.

II. Wherein the offender, though suffering from mental disease, has committed the crime under the influence of some motive, not of a delusive character.

III. Where with general symptoms of cerebro-mental disease, neither delusion, nor motive for the crime, are discoverable."

The fifty-eight cases of homicide here presented, may be classified under the following divisions:

I. Those in which the crime was the direct offspring of delusion.

II. Those in which the crime was committed during a paroxysm of insanity.

III. Those in which the crime was committed by manifestly insane persons, from motives and conditions which might influence a sane mind, as anger, revenge, mistaken identity, drunkenness, &c.

IV. Cases of epilepsy, in which the crime was committed while the persons were in the epileptic circle, or changed mental condition, following the fit.

V. Cases of mania à potu.

VI. Cases of delirium tremens.

VII. Not insane.

MOTIVE OR DELUSION UNDER WHICH THE HOMICIDE WAS
COMMITTED.

In thirty-nine cases the patients were laboring under definite delusions which apparently controlled their action. In eight cases the homicide was committed during a paroxysm of insanity. Of the three cases of the third division, one committed the homicide from personal hatred and revenge, one from mistaken identity and one while intoxicated. There were five cases of epilepsy; two of them committed the homicide in a maniacal paroxysm, and three in the condition of mental disturbance, following the fit. Of the latter number, two acted from delusions, and one denied all recollection of having committed the alleged crime. One case of *mania à potu*, committed the crime, during a paroxysm, and had no recollection of it. Of the two cases of delirium tremens, one feigned dementia after recovery, and the other, though said to have had the disease, asserted he was merely drunk at the time; manifested no evidence of the disease when committed to the Asylum. Four were not insane, of these one feigned acute mania, and one was an intemperate imbecile.

FORM OF INSANITY.

	Men.	Women.	Total.
Dementia,	10	2	12
Melancholia,	4	8	12
Chronic Mania,	8	1	9
Epilepsy,	3	2	5
Acute Mania,	5		5
Sub-Acute Mania,	3	1	4
Paroxysmal Mania,	1	1	2
Paresis,	2		2
Delirium Tremens,	2		2
Mania à Potu,	1		1
Not Insane,	4		4
			—
			58

The preponderance of cases of dementia among the men, and of melancholia among the women, is noticeable.

MODE OF COMMITTING HOMICIDE.

By Shooting,	12
By Beating with Stone, Chair, Plank, Club, &c., . . .	11
By Stabbing,	8
By Blows from Axe,	8
By Cutting Throat,	6
By Choking, Smothering, Strangling,	5
By Cutting with Knife, Razor, Hoe, Handsaw,	4
By Throwing Victim out of Window,	1
By Drowning,	1
By Poisoning,	1
By Roasting,	1
	—
Total,	58

The whole number of persons killed was sixty-eight and several were more or less severely wounded.

SEX.—Of the fifty-eight persons who committed homicide, forty-three were men, and fifteen were women.

AGE.—Under twenty years two men and one woman.

Between twenty and thirty, seven men and two women.

Between thirty and forty, fourteen men and seven women.



TABULATION

Relating to Fifty-eight Cases of Homicide, committed by persons
Utica, N. Y., from 1843.

NO.	SEX.	AGE.	ADMITTED.	HABITS.	HEREDITARY TENDENCY.	FORM OF INSANITY.	MODE OF HOMICIDE.	MOTIVE OR DELUSION.	IN SU
1	Man.	32	May, 1843.	Intemperate.	Unknown.	Chronic Mania.	Killed boy by repeated stabs with pitchfork and knife.	Personal hatred and revenge.	
2	Woman.	44	Sept., 1843.	Temperate.	Unknown.	Paroxysmal Mania.	Killed two children by cutting throat.	In maniacal paroxysm.	
3	Man.	40	May, 1845.	Intemperate.	Unknown.	Dementia.	Killed neighbor's wife by stabbing and burning.	Delusion, that he was the object of plots and evil designs.	
4	Man.	25	Aug., 1846.	Temperate.	Unknown.	Epilepsy.	Killed a man on canal boat with pike pole.	In paroxysm following fit.	
5	Man.	40	Oct., 1848.	Intemperate.	Unknown.	Acute Mania.	Killed a man in the street by stabbing.	Delusion, he was following him to rob him.	
6	Man.	50	Jan., 1850.	Intemperate.	Unknown.	Chronic Mania.	Killed neighbor by stabbing.	Delusion, man was unkindly disposed toward him.	
7	Man.	30	Oct., 1850.	Temperate.	Yes.	Acute Mania.	Killed two men on deck of steamboat by stabbing.	Delusion, they were about to murder him.	
8	Man.	30	Nov., 1850.	Temperate.	Unknown.	Acute Mania.	Killed two men by stabbing, wounded several others.	In maniacal paroxysm.	
9	Man.	51	June, 1851.	Intemperate.	Unknown.	Melancholia.	Killed a neighbor by shooting.	Delusion, he was plotting against him.	
10	Woman.	58	Mar., 1852.	Temperate.	Insane parentage.	Sub-Acute Mania.	Killed neighbor's child, dashed head against wall.	In maniacal paroxysm.	
11	Man.	33	April, 1853.	Temperate.	Father Insane.	Acute Mania.	Killed mistress by stabbing.	Delusion, she was plotting against him.	
12	Man.	35	April, 1853.	Intemperate.	Unknown.	General Paralysis.	Knocked down and stamped to death a kinsman.	Delusion, that he was inimical to him.	
13	Man.	32	Mar., 1853.	Intemperate.	Insane parentage.	Dementia following Melancholia.	Killed father by single blow from club.	Suddenly awakened, mistook him for person endeavoring to injure father.	
14	Man.	43	Juno, 1853.	Intemperate.	Unknown.	Dementia.	Killed a man ploughing in neighboring field by shooting.	Delusion, obeying command of God.	
15	Man.	33	Aug., 1853.	Temperate.	Unknown.	Not Insane.	Killed brother-in-law with an ax.	Family Troubles.	
16	Man.	42	Mar., 1854.	Temperate.	Yes.	Melancholia.	Killed wife by cutting throat, also attacked daughter.	Delusion, under Divine command.	
17	Man.	56	May, 1854.	Intemperate.	Unknown.	Dementia.	Cut off wife's head with ax.	Delusion, jealous of wife.	
18	Man.	40	May, 1854.	Intemperate.	Insane parentage.	General Paralysis.	Killed neighbor by shooting.	Delusion, neighbor was trying to get his supposed wealth from him.	
19	Woman.	35	Aug., 1854.	Temperate.	Unknown.	Dementia following Melancholia.	Killed child by dashed head against wall.	In a paroxysm.	
20	Man.	45	Feb., 1855.	Intemperate.	Insane parentage.	Del'm tremors afterward feign'd dem's.	Killed one child and wounded others, with a razor.	Paroxysm of frenzy.	
21	Man.	30	May, 1855.	Temperate.	Unknown.	Dementia.	Killed wife and three children with knife.	Delusions existing, but concealed.	
22	Woman.	35	Oct., 1855.	Temperate.	Unknown.	Dementia following child birth.	Cut off husband's head with a hoe.	Delusion, husband was not legally married to her.	
23	Woman.	27	Mar., 1856.	Temperate.	Unknown.	Melancholia.	Killed four children with an ax.	Delusion, to send them to Heaven.	
24	Man.	22	April, 1857.	Intemperate.	Unknown.	Dementia.	Killed stranger by shooting, and robbed him.	Delusion, influenced by spirits.	
25	Man.	53	May, 1857.	Temperate.	No.	Not Insane.	Killed a man by shooting twice in the groin.	Ill feeling toward the man; revenge.	
26	Man.	32	April, 1858.	Intemperate.	Unknown.	Not Insane.	Killed a man by shooting.	Man owed patient money.	
27	Man.	43	Feb., 1859.	Unknown.	Unknown.	Chronic Mania.	Killed his wife by shooting.	Delusion, mandate from the Lord.	
28	Man.	32	Juno, 1859.	Intemperate.	Unknown.	Dementia.	Killed brother by choking.	In a quarrel, both drunk.	
29	Woman.	49	Sept., 1859.	Temperate.	No.	Melancholia.	Killed her son with a stone.	Delusion, she and her children were coming to want.	
30	Man.	40	Sept., 1859.	Intemperate.	No.	Dementia.	Killed his wife with a chair.	In a paroxysm.	Ha
31	Woman.	30	July, 1860.	Temperate.	Unknown.	Melancholia.	Killed child by choking.	Delusion, that it might go to heaven.	
32	Man.	18	Jan. 1861.	Temperate.	No.	Epilepsy.	Killed a woman with a hatchet.	In paroxysm following fit.	
33	Man.	31	Dec., 1861.	Intemperate.	No.	Acute Mania.	Killed his mother by throwing her out of a window.	Delusion, he was the third person of the Trinity.	
34	Man.	50	Oct., 1862.	Temperate.	Pat. aunt and sister insane.	Melancholia.	Killed mother, cut her throat.	Delusion, heard voice of God commanding him to make a sacrifice.	
35	Woman.	40	April, 1862.	Temperate.	Mother and sister insane.	Melancholia.	Killed child struck it with a stick, choked it, cut its throat.	Delusion, her milk would poison the child and she ought to kill it.	At
36	Man.	33	Sept., 1864.	Temperate.	Maternal aunt insane.	Sub-Acute Mania.	Killed wife by choking.	Delusion, she ruined his health by witchcraft.	
37	Man.	23	Oct., 1864.	Unknown.	Unknown.	Melancholia.	Killed wife and child with an ax.	Delusion, they were coming to want.	
38	Woman.	33	Dec., 1864.	Intemperate.	Unknown.	Chronic Mania.	Cut husband up with an ax, while he was intoxicated.	Delusion, that he was the Devil.	
39	Man.	22	Dec., 1864.	Temperate.	Father and 4 pat. cousins insane, 2 sisters mute.	Chronic Mania.	Killed his father with a butcher knife.	Delusion, that he was commanded by Moses who was present.	A
40	Man.	47	Nov., 1865.	Intemperate.	No.	Paroxysmal Mania.	Killed a man with a piece of plank.	In maniacal paroxysm.	
41	Man.	35	Feb., 1867.	Temperate.	Paternal cousin insane.	Dementia.	Killed wife by beating her.	Delusion, he was Jehovah.	
42	Woman.	22	Feb., 1867.	Temperate.	No.	Melancholia.	Drowned child in a boiler of water.	Delusion, had committed unpardonable sin, and could not take care of it.	
43	Woman.	18	June, 1867.	Temperate.	Father Insane.	Melancholia.	Killed child by smothering.	Delusion, to put it out of misery.	
44	Man.	43	Aug., 1867.	Temperate.	Unknown.	Sub-Acute Mania.	Killed wife by strangling her with whip-lash.	Delusion, she had drugged him.	
45	Man.	20	Oct., 1867.	Intemperate.	Father Insane.	Not Insane.	Killed his mother by shooting.	Intoxicated.	Shot
46	Woman.	31	April, 1870.	Temperate.	Unknown.	Melancholia.	Killed child, cut throat.	Delusion, to save it from suffering.	
47	Man.	64	Jan., 1871.	Intemperate.	Unknown.	Dementia.	Killed wife with ax.	Delusion, saw face of God in the ax, heard command of God.	
48	Man.	36	April, 1871.	Intemperate.	Mother Insane.	Epilepsy.	Killed stranger in a bar-room by shooting.	Delusions of fear and suspicion.	
49	Man.	42	Mar., 1871.	Intemperate.	Unknown.	Mania a Potu.	Killed wife by beating her.	In maniacal paroxysm.	
50	Woman.	39	Mar., 1871.	Temperate.	Paternal grand-uncle.	Melancholia.	Killed two men by shooting.	Delusion, she had been raped.	
51	Man.	27	Jan., 1872.	Unknown.	Pat. uncle & mat. grandmother and aunt, insane.	Chronic Mania.	Killed child by cutting throat and attempted to kill wife.	Delusion of supernatural power, had hallucinations of sight.	
52	Man.	43	July, 1872.	Intemperate.	Pat. uncle insane.	Said to have had Delirium Tremens.	Killed man in a saloon by shooting.	To avoid exposure of his conduct.	
53	Woman.	49	Sept., 1872.	Temperate.	No.	Epilepsy.	Killed husband by poisoning.	Persistently denied crime.	
54	Man.	40	Feb., 1873.	Unknown.	No.	Chronic Mania.	Killed a man with a shovel.	Delusion, he was God and man was anti-Christ.	
55	Man.	35	July, 1873.	Intemperate.	Unknown.	Sub-Acute Mania.	Killed mother, shot her.	Delusions of fear and suspicion, ordered by God.	
56	Man.	37	July, 1873.	Intemperate.	Unknown.	Chronic Mania.	Killed wife, with hand saw.	Delusion, that he was to be killed.	
57	Man.	38	Sept., 1873.	Intemperate.	Unknown.	Chronic Mania.	Killed stranger, with ax.	Delusion, under direction of God.	
58	Woman.	65	Jan., 1875.	Intemperate.	No.	Epilepsy.	Killed child by roasting on stove.	In condition following fit.	

OF FACTS

LIBRARY OF GREGORY LIBRARY

persons subsequently admitted to the N. Y. S. L. A., at

1843 to 1875.

ION.	INJURIES TO SELF & SUICIDAL ATTEMPTS.	PARTICULARS REGARDING CRIMES—TIME, &c.	REMARKS.	RESULT.
venge.	None.	In daytime, murder premeditated, plans of concealment arranged, weapons washed.	Had Reputation of being a bad man.	Demented removed to Co. Asylum, after 18 years.
m.	Suicidal.	In daytime.	Attempted to kill husband.	Discharged Recovered.
the ob- vill de- fit.	None.	In daytime.	Afterward a dangerous man. Reported in <i>Journal of Insanity</i> , January, 1846.	Transferred to Criminal Asylum.
owing	None.	In daytime.	Made violent attacks after epileptic fits.	Died in Asylum.
indly n.	None.	In daytime.	A violent, suspicious and revengeful man.	Recovered.
ut to	None.	In daytime.	Dangerous man, made and secreted instruments to kill those whom he disliked.	After three years elapsed, and died on way home.
m.	None.	In daytime.	Afterward jumped overboard.	Recovered.
etting	None.	In daytime.	Was shot and captured.	Recovered.
m.	Attempted Suicide.	In daytime.	An excellent christian woman.	Recovered.
ting	None.	In daytime.	A dangerous man.	Transferred to Criminal Asylum.
mical	None.	In daytime.	Deliberately.	Died within a year in Asylum.
stook orong	None.	In night-time.	Had been insane some months.	Recovered.
mand	Very Suicidal.	In daytime.	Loaded gun, shot deliberately.	Died in Asylum.
	None.	In evening.	Acquitted on second trial on ground of insanity.	Discharged by order of Court; not insane.
ne	None.	Deliberately; immediately passed into profound stupor.	Refused food, emaciated and demented when admitted.	Had no recollection of homicide. Recovered.
ife.	None.	In daytime, deliberately.	Gave himself up, and desired to be hung.	Had perfect recollection of homicide. Recovered.
ryng wealth	None.	In daytime, deliberately.	Was pale and emaciated.	Died in a few months, in Asylum.
	None.	In daytime.	Had for two years been jealous of husband, without cause.	Transferred to County Asylum.
	None.	In evening.	Was tried; jury disagreed; was sent to asylum, where he feigned dementia.	Eloped; not insane.
con	None.	In daytime, said he had reasons, but would not tell them.	Was imprisoned a long time before sent to asylum.	Died in Asylum.
not r.	None.	In daytime; husband taking nap after dinner.	Of gentle disposition.	Discharged by Court.
to	Cut her throat.	In daytime, depressed from intemperance of husband, poverty and disappointment.	Of great evenness and gentleness of temper.	Transferred to County Asylum.
oy	None.	In daytime, on the road, deliberately.	Reported in full; <i>Journal of Insanity</i> , January, 1858.	Transferred to Criminal Asylum.
man;	None.	In daytime, on the road deliberately.	Said he had been induced to plead insanity by counsel.	Discharged after fourteen months, not insane.
ney.	None.	Was tried, condemned to be hung, feigned insanity.	Feigned Acute Mania.	Returned to Prison. Died soon after.
u the	None.	Made no effort to escape.	Attacked others, saying they were instrumental in killing his wife.	Discharged, by order of Court.
nk.	None.	In night-time.	Had been in an Asylum.	Transferred to Criminal Asylum.
ldren t.	None.	In night-time.	Had been depressed for two years.	Recovered.
	Had fracture of skull.	In daytime.	No recollection of the homicide.	Eloped and died.
go to	Cut her throat.	In daytime.	Had complained much of headache and depression.	Committed suicide by suspension in Asylum.
fit.	None.	In daytime, arrested in street, hands and clothes bloody.	Served in the army, afterwards married.	Improved and Eloped.
uper-	None.	Denied any recollection of homicide.	Had same delusion in subsequent paroxysms.	Transferred to Criminal Asylum.
God ake a	None.	In daytime.	Recollected and regretted homicide.	Recovered.
pois- ought	Attempted suicide by taking arsenic.	In daytime.	Expressed great sorrow for act.	Transferred to Criminal Asylum.
alth	None.	In daytime, on the road.	Was maniacal and violent to others.	Recovered.
ing	Suicidal.	In night-time in bed.	Had served in army.	Recovered.
s	None.	Unknown.	Was sentenced and remained in prison a year.	Transferred to Criminal Asylum.
com- o was	Attempted suicide.	In night-time.	A deaf mute.	Transferred to County Asylum.
n.	None.	In daytime.	Mistook identity of persons; a dangerous man.	Transferred to Criminal Asylum.
ah.	None.	In night-time.	Very suicidal in Asylum.	Transferred to Criminal Asylum.
d un- could	Attempted suicide by taking paregoric.	In night time.	Had thrown child into the snow before.	Recovered.
t of	None.	In daytime.	Called all children her own, justified the killing.	Recovered.
ged	None.	In night-time.	Sent son to order a coffin for her.	Discharged Unimproved, in Charge of Friends.
	Shot himself same time.	In daytime.	Imbecile; when a boy was shot in dorsal vertebrae.	Transferred to Criminal Asylum.
om	None.	In daytime.	Very Suicidal in asylum.	Eloped.
od in nd of	None.	In daytime.	Expressed no sorrow, and did not think he had done any wrong.	Transferred to Criminal Asylum.
us-	None.	In evening.	Denied any recollection of occurrence.	Transferred to Criminal Asylum.
m.	None.	In night-time.	Had previous attacks of delirium tremens.	Recovered.
aped.	None.	In daytime.	Seldom speaks.	Still in Asylum.
ral s-	None.	In night-time.	Shiftless and unkind in family.	Transferred to Criminal Asylum.
his	None.	In evening.	Had been Deputy Sheriff, and was City Marshal.	Transferred to Criminal Asylum.
me.	None.		Asserted husband poisoned self because he had syphilis.	Transferred to Criminal Asylum.
and	None.	In night-time.	Went to a Justice and reported the crime.	Transferred to Criminal Asylum.
aspic- e be	None.	In daytime.	Shot a man in arm.	Died in Asylum.
on of	Suicidal.	In daytime.	Injured daughter severely.	Transferred to Criminal Asylum.
ft.	None.	In daytime.	Suddenly, without premeditation.	Transferred to Criminal Asylum.
	None.	In daytime.	No recollection of it. Reported in <i>Journal of Insanity</i> , April, 1875.	Still in Asylum.



Between forty and fifty, thirteen men and four women.

Between fifty and sixty, seven men and one woman.

Between sixty and seventy, one man.

The youngest was a boy of eighteen, and the oldest a man of sixty-four years.

The great majority, thirty-seven in number, were between thirty and fifty years of age following the usual rule, regarding the time of the occurrence of insanity.

HABITS.—Fourteen men and thirteen women were reported as being of temperate habits; twenty-five men and two women were intemperate; while in four men the habits were unascertained.

HEREDITY.—Fourteen men and four women were said to have had an hereditary tendency. This is nearly thirty-three per cent. of the whole number.

TIME.—In thirty-eight cases, the homicide was committed in the daytime; in ten cases in the night time; in four cases in the evening, and in six cases the time was unascertained. In ten cases there were evidences of preparation and deliberation in the commission of the act.

SUICIDAL.—Seven men and four women attempted suicide after the commission of the crime.

RESULTS.—Eighteen were transferred to the Criminal Asylum at Auburn; sixteen were discharged recovered; six died in the Asylum; four were removed to County Asylums, profoundly demented; three were discharged by order of a Court; five eloped; two were removed by friends; one committed suicide; one was returned to prison for sentence, and two remain in the Asylum.

We give the histories of the preceding cases with such detail of facts as we have been able to obtain.

CASE I.—Admitted May, 1843. Male, aged 32, laborer, no education, no religious belief, a man of bad habits; chronic mania following prolonged ill-health; killed the adopted son of his brother-in-law by repeated stabs with a pitch-fork and knife. The murder was premeditated, well-arranged plans of concealment were laid and carried out, the instruments were carefully washed, and the body buried under the barn. His motives were grounded in personal hatred and revenge. He had always borne the reputation of being a bad man. The act was committed in the daytime. Demented, and after nineteen years was removed to the County Asylum.

CASE II.—Admitted September, 1843. Female, mother of a family, aged 44, of common education, good habits, and even temper. Paroxysmal mania, commencing at climacteric period. During one of her paroxysms, while in a furiously maniacal state, she cut the throats of two of her children, and attempted the life of her husband. When homicidal was always suicidal. The act was committed in the daytime. Discharged, recovered.

CASE III.—Admitted May, 1845. Male, aged 40, a cabinet-maker, of intemperate habits. Under the delusion that he was the object of plots and evil designs, he killed a neighbor's wife by stabbing and burning. It was early in the morning, and she was in bed with her child. He set the only door of the house on fire, and on her attempting to escape, struck and stabbed her with a stick, in the end of which a piece of iron was inserted. She had three ribs broken and received a punctured wound of the thigh, was severely burned and died soon after. The patient barricaded himself in his shanty which was entered through the roof by the officers. Transferred to Asylum for Insane Criminals. Case reported, with evidence, in AMERICAN JOURNAL OF INSANITY—January, 1846.

CASE IV.—Admitted August, 1846. Male, aged 25, a boatman, no education or religious belief, but of fair morals and an industrious man. The hereditary tendencies in the case are not known. In a paroxysm of violence and insanity, killed a man in daytime on a canal boat, with a pike pole. Was tried and sent to the State prison, where he was found to be insane. Had there frequent paroxysms of insanity, in which he made desperate assaults upon several persons, and was a very violent and dangerous man. His epileptic paroxysms succeeded each other at brief intervals, and marked his periods of violence. Died in the Asylum.

CASE V.—Admitted October, 1848. Male, aged 40, a wealthy land speculator, of intemperate habits; was a violent, revengeful, suspicious man. At the first outbreak of an attack of acute mania, stabbed a man in the street, in the daytime, under the delusion that he was following his footsteps to rob him. Recovered, and eloped from the Asylum.

CASE VI.—Admitted January, 1850. Male, aged 50, farmer, of violent and ungoverned temper, a drunkard; was laboring under chronic mania, caused by his prolonged intemperance. One morning openly stabbed a neighbor, under the delusion that he was unkindly disposed to him. Was tried, convicted, and sentenced to prison for life. Was there found to be insane, and sent to Asylum. Was a very dangerous man, constantly secreting and making instruments with which to kill those whom he disliked. After three years he escaped, and died on his way home.

CASE VII.—Admitted October, 1850. Male, aged 30, a laborer, of good habits, of hereditary taint. Had an attack of acute mania, induced by fatigue and anxiety; the first indication of which was a maniacal frenzy, during which, as a matter of resistance, under the delusion that he was about to be murdered, he stabbed two men on the deck of a steamboat, and then jumped overboard. Act was committed in the daytime. Discharged, recovered.

CASE VIII.—Admitted November, 1850. Male, Sandwich Islander, aged 30, a sailor, of good habits, educated. His purse was stolen by the steward of the vessel while in port; and under the impression that he was doing right, he stabbed the steward, when an attempt was made to arrest him. In maniacal frenzy he killed two men by stabbing, and wounded several others: was finally shot down and captured. Acute mania continued for some time. Was acquitted on the ground of insanity. Discharged, recovered.

CASE IX.—Admitted June, 1851. Male, aged 51, of intemperate habits; had an attack of melancholia, induced by his vicious indulgences. One morning, after breakfast, shot a neighbor, under the delusion that he was plotting against him. Gave himself up to the authorities, evincing no regret or sorrow. Discharged. recovered.

CASE X.—Admitted March, 1852. Female, aged 58, of insane parentage, a worthy member of the Baptist church. Had an attack of sub-acute mania, caused by domestic trouble. In a par-

oxysm of maniacal passion she killed a neighbor's child by dashing its head against the wall. She was also suicidal. Discharged, recovered.

CASE XI.—Admitted April, 1852. Male, aged 32, a gardener, of good habits, inherited insanity from his father. He had deserted his wife in Ireland, and was living with another woman. Had an attack of acute mania and was sent to Blackwell's Island; after a time became quiet, and his mistress was allowed to take him out on pass. The same night, he killed her by stabbing, under the delusion she was plotting against him. Continued a very dangerous man, and after some years was transferred to the Asylum for Insane Criminals.

CASE XII.—Admitted April, 1852. Male, aged 35, a laborer, was an intemperate man, and of intemperate ancestry. Was for some time depressed and suspicious. One morning he went forth deliberately and knocked down and stamped upon a kinsman until he was dead, under the delusion that he was inimical to him. The following day he passed into an acutely maniacal state, demented rapidly, and died of general paralysis before the end of the year.

CASE XIII.—Admitted March, 1853. Male, aged 29, a boatman, of intemperate habits, and of insane parentage; had been in a melancholy state for some months. His father went to his room one evening to ascertain whether his son was at home. Having no light, he repeated his name several times. Patient, who was dozing upon his bed, sprang up, thinking his father was shouting for help, seized a club, and encountering him in the dark, killed him by a single blow. Was demented when admitted to Asylum. Discharged, recovered.

CASE XIV.—Admitted June, 1853. Male, aged 42, a peddler, of intemperate habits; was demented from long continued dissipation. He loaded a gun one morning, and under the delusion that he was obeying a command of God, shot a man who was plowing in a neighboring field. Was very suicidal. Died in the Asylum.

CASE XV.—Admitted August, 1853. Male, aged 33, a cabinet-maker, of good habits, a Swedenborgian; killed his brother-in-law with an axe. The act was committed in the evening and in connection with some family difference. On second trial, after prolonged imprisonment, was acquitted on the ground of insanity. Was subsequently discharged by the Court as not insane.

CASE XVI.—Admitted March, 1854. Male, aged 42, farmer sober and industrious, of a kind and amiable disposition. Hereditary taint in family. Had twice suffered from insanity. Suddenly, and without assigned cause, became gloomy and depressed; talked much about his soul, and the earthly and future welfare of his family. Read his bible a great deal, finally secluded himself, and on one occasion prayed for thirty hours in succession, without rising from his knees. Thought he could look directly into heaven, and converse with the Saviour. Suddenly became composed, took his razor very deliberately, and cut his wife's throat to the vertebrae, producing instant death. He then made a similar attack upon his daughter, who, however, escaped from him with the remainder of the family. Patient at once sank into profound stupor, refused food, rapidly emaciated, and was brought to the Asylum demented. Subsequently retained only a dreamy recollection of the homicide. Discharged, recovered.

CASE XVII.—Admitted May, 1854. Male, aged 56, a quiet, industrious man, the father of ten children. Was slightly intemperate, rather reserved in disposition, but kind to his family. Began to complain of intense headache, became jealous of his aged wife, and cross to his children. One morning walked out to the woodpile, procured an axe, returned to the house, knocked down his wife, dragged her to the door, and deliberately cut off her head. The children fled and aroused the neighbors. Patient gave himself up and desired to be hung. On opening of the Court he was so evidently insane that he was sent to the Asylum without trial. When admitted, was laboring under dementia. Seldom spoke of the act, of which, however, he had a perfect recollection. Discharged, recovered.

CASE XVIII.—Admitted May, 1854. Male, aged 40, shiftless and uneducated, abjectly poor, lived with and was supported by his sisters. Was addicted to the free use of intoxicating drinks; was of insane parentage. Became silent, pale and emaciated; soon imagined that he was possessed of great wealth, which his neighbors were trying to get away from him, and under this delusion procured a gun and shot one of them. Was brought to the Asylum, and in a few months died of general paralysis.

CASE XIX.—Admitted August, 1854. Female, aged 36, of an even temper and gentle disposition. While nursing her child, and in rather delicate health, contracted an ungrounded jealousy of her husband. This continued for two years. At times she was also

suspicious of and violent toward others. One morning locked herself in the house and barricaded the windows and doors. Attempts were made to gain admission, when, in a paroxysm of maniacal passion, she seized her children by the feet and dashed their heads against the wall, fracturing the skulls of two, one of whom died. She was brought to the institution in a state of dementia, and was subsequently removed to the County Asylum. Discharged, unimproved.

CASE XX.—Admitted February, 1855. Male, aged 45, a clergyman, of academic education: of insane parentage, of intemperate habits, and violent, ungovernable disposition. Had an attack of *mania à potu*, during which he made a murderous assault upon his family with a razor. He killed one child, and wounded others. After a trial, in which the jury could not agree, and pending a second, was sent to the Asylum on order of Judge. Feigned dementia. He eloped in 1855. Not insane.

CASE XXI.—Admitted May, 1855. A laborer, of temperate habits, but of violent, passionate disposition. Became very angry with his wife on account of her refusing to sign a deed of conveyance. Subsequently killed her and three children with a knife. Committed the act in the daytime. Did not deny it, but said he had his reasons for it. Was demented when admitted. Was long imprisoned before being sent to the Asylum. Had a large scrofulous tumor upon his neck; said that he had always had it. Died.

CASE XXII.—Admitted October, 1855. Female, aged 35, German, religiously educated, and of gentle disposition; had dementia following child birth. Had a delusion that her husband was not really married to her—that he was an adulterer. On his returning from his work at noon, one day, he lay down to rest while his dinner was preparing. Falling into a light sleep, the wife seized the opportunity to cut off his head with a hoe. Became profoundly demented, and was discharged by order of Court.

CASE XXIII.—Admitted March, 1856. Female, aged 27, of insane parentage, religiously educated, member of Episcopal church, of great evenness and gentleness of disposition; was subject to periods of depression, owing to the intemperance of her husband, poverty, disappointment, and home-sickness. Had attempted suicide. One Sabbath morning, and while she was laboring under depression, her husband left to go fishing. In his absence she seized an axe, killed four of her children, and cut her own throat. Demented, and was transferred to County Asylum.

CASE XXIV.—Admitted April, 1857. Male, aged 22, a shoemaker, unmarried, habit of self abuse. Procured a pistol, went to a road which farmers, returning from market, were accustomed to travel; was invited by a man, whom he supposed to be a farmer with money, to ride with him; rode some distance, then got behind him, shot and robbed him, and threw the body out of the wagon; drove into Jersey City, and offered the team for sale, claimed he had purchased the pistol to defend himself against enemies; heard voices threatening him; was so manifestly insane that on preliminary examination at trial was sent to Asylum, whence he was transferred to Asylum for Insane Criminals. Case reported, with evidence, in AMERICAN JOURNAL OF INSANITY, January 1858.

CASE XXV.—Admitted May, 1857. Man, aged 53, married, five children, farmer, good habits, native New York. Patient had been a hard-working man, and had by his labor acquired possession of a large and valuable farm. He was on bad terms with neighbor whom he shot, and had not spoken to him for twelve years. This neighbor had done many things to irritate and annoy him, and patient suspected that he had injured his stock, as breaking the legs and ribs of his pigs, stabbing his horse, &c., an instance of which occurred the day before; annoyances had angered him; he had been moody and suspicious, a condition which was afterward on trial, attributed to insanity; this was the state of feeling between the parties when the homicide was committed. On this occasion the murdered man drove by his house several times, and purposely attracted his attention; the man took a double barrelled gun, advanced to within six feet, and without uttering a word, discharged the contents of one barrel into his groin; a struggle then ensued, in which the second barrel was discharged into the other groin. The victim lingered for eighteen hours. The man was sent to jail, after some two months was tried, acquitted on the ground of insanity, and sent to the Asylum. He remained fourteen months, but gave no indications of insanity, disclaimed the idea of being insane, and said he was induced to make this plea by his counsel, with a view of escaping the consequences of his crime. Not insane.

CASE XXVI.—Admitted April, 1858. Man, aged 52, married, butcher, intemperate, Catholic, native of Ireland, reads and writes, heredity unknown. Two years before admission, he shot a man who owed him money. The act was committed on the Suspension Bridge, American side, but the wounded man died in Canada.

After about one year, the prisoner was tried and though the plea of insanity was interposed as a defense, he was convicted of murder in the first degree. The question of jurisdiction was then raised, and immediately after its settlement, or about two months before his admission to the Asylum, he showed, as was supposed, symptoms of acute mania. An inquisition *de lunatico* was held, the prisoner was declared insane, and sent by the County Judge to the Asylum. On admission he was noisy, talkative, called physician the Pope, uttered oaths, which he called his prayers. He, however, presented no physical signs of mental disorder. His simulation was at once detected, and in two days he dropped all attempts at feigning. He was kept in the Asylum for seven months, and upon repeated careful examinations and the absence of any signs of insanity during the whole period, he was returned to the county authorities as a case of simulated insanity, and was within three days sentenced to be hung. Immediately thereafter he became again noisy and restless, and in about a month died in jail, from erysipelas. Not insane.

CASE XXVII.—Admitted February, 1859. Man, aged 48, widower, cooper, common education, Catholic, hereditary and previous habits unknown. Patient had for two years had periods of violence, and during one of these shot his wife with a gun, under the delusion that he "had a mandate from the Lord." He made no effort to escape, was arrested and indicted for murder in the first degree. He was so manifestly insane, that he was sent to the Asylum upon the order of the Court. During the whole time he was under observation, he maintained he was commanded to commit the act. In the periods of excitement to which he was subject, he attacked others under the delusion, that they were instrumental in his killing his wife. At intervals he employed himself, and expressed great regret for violence committed when under excitement. He gradually became quiet and demented, and after seven years was discharged by the Court, as a harmless lunatic.

CASE XXVIII.—Admitted June, 1859. Man, aged 32, single, longshoreman, intemperate, Catholic, no education, native of Ireland, heredity unknown. He was arraigned on the charge of manslaughter, for having killed his brother. They were both intemperate men, but lived together on good terms. The testimony shows that upon the night of the homicide, the brother was intoxicated and boisterous, and that the patient took him to the room to keep him quiet, and prevent his being arrested by the

police. The witness who with his wife lived in a room near by was aroused by a scuffle between the brothers. On knocking at the door, the brother asserted patient was choking him, but he denied it, and said he was trying to keep his brother in. On being again disturbed, witness said he found patient talking but the brother made no reply. On going a third time to the door, witness was told by patient not to come again, as they were not making any noise. Soon after twelve o'clock, witness was awakened by patient who desired some matches. The request was refused, but in a short time, he came again, and said his brother was dying, witness said you choked your brother, he replied "he wanted to choke me but I was the better man." Witness went in, there was no light, and found the brother lying across the bed, dead. The tick was torn and the straw was scattered about the room. The wife of the witness confirmed the foregoing statements. To the policeman who was summoned, and who accused him of the murder, he answered, "I did not mean to do it, he struck me first." Dr. Moses H. Ranney, Superintendent of the City Lunatic Asylum on Blackwell's Island, testified, that he had been an inmate of the Institution for some sixteen months, and left there two years before. That while there he "fancied certain persons attempted to poison him," and that at time of present examination patient told him "that within a few days an attempt had been made by a fellow prisoner on his life, who tried to choke him, he resisted, and a fight was the result." A verdict of not guilty, on the ground of insanity was rendered, and the he was sent to the Asylum. For a period he was quiet, walked up and down the ward, talking to himself, but was irritable if in any way disturbed. At length he became interested in the stock, especially the pigs, which he claimed as his own, and helped in their care. He often demanded wages for his labor, and presented accounts for thousands of dollars. He was transferred to the Asylum for Insane Criminals.

CASE XXIX.—Admitted September, 1859. Woman, aged 49, married, two children, common education, member Presbyterian church, good habits, native of Scotland, not hereditary. For two years she had been melancholic, lost all interest in her household affairs, and at intervals was much depressed. At those periods asserted that she and her children were coming to want, spoke of killing her children because they were not respected as they had been, and it was better for them to die than to live. About two months

before admission, she got up in the night, and having put a stone in a stocking, killed her son with it. Armed with a similiar weapon, she walked twelve miles to the house in which her daughter was stopping, intending to kill her, but was arrested before she could accomplish the act. She was sent to the Asylum by order of the Court of Oyer and Terminer. After about fourteen months she recovered and was discharged by the Court.

CASE XXX.—Admitted September, 1859. Man, aged 40, widower, eight children, iron worker, no education, uses liquor and tobacco, native of England, not hereditary. About a year before the homicide, he had his skull fractured by the fall of some bricks. He was treated in the New York Hospital, and discharged from there six months before his admission to the Asylum. Previous to the injury he had borne a good character and was a mild and inoffensive man. After leaving the Hospital he suffered much from headache, of a severe character, situated near point of fracture. He lost memory and became excessively irritable and violent if crossed or opposed in any way, and was sleepless. Three months before his admission, he killed his wife during a paroxysm of excitement, by striking her repeatedly with a chair. He was arrested and lodged in jail, but denied any knowledge or recollection of the crime. He did not manifest any realization of the occurrence until sometime after, and when it had been frequently told him. He was sent from jail to the Asylum, on the order of the County Judge. For a long period he suffered from headache and was at times irritable, but manifested no tendency to commit violence. He was emotional and sensitive to the remarks of other patients; although able to do light work, any unusual exertion or exposure, brought on a return of the headache. He became more equable in his feelings, and feeble-minded, remained in the Asylum four years, when he eloped. He has since died.

CASE XXXI.—Admitted July, 1860. Woman, aged 30, married, had one child, wife of a small farmer, not a church member, reads and writes, good habits, native of Saxony, heredity unknown. Since the age of puberty, patient complained much of headache and depression of spirits, and at irregular intervals had been quite melancholic, refused to see any one, was inclined to wander away, and threatened to commit suicide. The paroxysms occurred at menstrual periods, which were never regular or normal. Four years before the homicide she gave birth to her only child, after which she was in more feeble health, and the periods of depression

recurred more frequently. She had been suffering from one of these attacks some ten days, when early one morning she went into the fields, and told her husband, the little boy was lost, but insisted he should not leave his work to look for him. After about a half an hour, the father becoming anxious at the absence of both mother and child, went to the house in search of them. It was deserted, but he found the child on the bed, and a note in the handwriting of the mother, across the forehead, which read, "the child died an easy death." She could not be found, but sometime after made her appearance. She denied having killed it, but stated that while engaged in praying with the child it suddenly died. The following night she with others watched with the body, and appeared to them quite rational. The next morning at about six o'clock, she went out but nothing was thought of it until her husband's razor case was found upon the table, empty. She was discovered in the barn with her throat cut; neither artery was injured, but the trachea was partly divided. The examination at the coroner's inquest showed that the child died of asphyxia, as the lungs were deeply congested, and in places ruptured. Some ten days after the commission of the homicide she was brought to the Asylum upon the order of the County Judge. She had eaten little for a week and was emaciated, seemed to have a partial realization of her condition, said she strangled her child "that it might go to heaven." After admission she was quiet, taciturn, seclusive, took food reluctantly and sparingly and slept little, on the sixteenth day she succeeded in hanging herself.

CASE XXXII.—Admitted January, 1861. Man, single, aged 18, reads and writes, smokes, temperate, native New York, not hereditary. Was subject to attacks of epilepsy, from the age of twelve years. The fits varied in frequency from one a month to several daily, and their duration from five to fifteen minutes. After the occurrence of the disease, he made little progress in his studies. There was also a marked change in his character, he lost self-control, had periods of excitement, and was at times ugly, was emotional and governed by his passions. He had been sent on two occasions to a hospital, for treatment, without any benefit. His father was a carpenter, and though he was not capable of learning the trade, he acquired some manual skill, and occasionally did work for a widow who kept a variety store near his residence. He was fixing some shelving for her, when about midday she was found murdered in her store; her body was much mangled by having been cut with a hatchet. Search was made and the patient

was arrested as he was walking the street, his hands and clothes stained with blood. His epileptic and irresponsible condition was proved, and he was sent to the Asylum by order of the Court. He remained some twenty months and during this time improved materially. His seizures were infrequent and he gained in mental strength. At this time he eloped from the Asylum through the connivance of his friends and enlisted in the army. He returned from the service, and subsequently married.

CASE XXXII.—Admitted December, 1861. Man, aged 31, laborer, common education, Catholic, intemperate, not hereditary. Was a bright, active boy, and at the age of nine came to America with his mother. He afterward lived with, and supported her by his earnings. She indulged in the use of stimulants, and he had an occasional spree. His first attack of insanity occurred in 1854, immediately after, an unusual indulgence in drinking, while celebrating the fourth of July. He was then suspicious of people, and had the delusion that there was a conspiracy against him, but soon recovered his ordinary health. Just prior to the attack in which the homicide was committed, he had been working and lifting quite hard, was engaged to be married and was interested in an amateur theatrical company. As he expressed it, "I got money, Shakespeare, negro minstrels, and matrimony, all mixed up," and afterwards became acutely maniacal. He was again suspicious, and had the delusion of conspiracy against him, and that he was the third person of the Trinity. This was his condition on Saturday, the day before the homicide. On Sunday he threw his mother from a fifth story window of the room they occupied, and killed her. Of the circumstances immediately attending the occurrence we have no knowledge, and he persistently denied any recollection of them. He was arrested and continued violent and maniacal. In the prison he was very talkative, obscene and profane, and struck the physician who had care of him. After some three weeks he was examined, declared insane and sent to the Asylum by order of the Court. For a few months he was abusive in speech, irritable and indolent, then became quiet and industrious. In September, 1862, he had another severe maniacal attack, was suspicious, refused food under delusion of being poisoned, and had the same delusion that he was the third person of the Trinity, and was dangerous and violent. He continued in this condition some two months. In 1863 during the months of July and August, he was irritable and depressed. In 1864 and 1865,

he had a recurrence of maniacal attacks, characterized as before. In a letter written after his recovery from the attack in '64, he says, "that I conceived I was the third person of the Trinity is a positive fact, and the same conception came into my head, the first time I was sick here and the last time; now it is singular that it is only while the attack lasts that I believe this. I do feel ashamed when I come to myself and think it over." From this time he was quiet and industrious, though somewhat feeble-minded until late in 1869, when he again became maniacal. The attack was marked by same delusions as were before given. He was transferred to the Asylum for Insane Criminals.

CASE XXXIII.—Admitted October, 1862. Man, aged 50, widower, three children, farmer, common education, Baptist, temperate, native of Connecticut, paternal aunt and sister insane. At the age of twenty-five, was thought to have phthisis pulmonalis. He, however, subsequently married, and improved in health, though he has since been somewhat of an invalid. About a year before the homicide, he became depressed and despondent, was restless, timid, suspicious of his neighbors, worried much about the state of the nation, and lost interest in his business. He continued gloomy and melancholic until about three days before, when he became noisy, restless, sleepless and suffered much mental agony. Being left alone with his mother, he killed her by cutting her throat with a razor, he then fell on the floor, frothed at the mouth, had muscular twitchings of the face, and remained insensible for an hour. After his return to a state of consciousness he remembered the occurrence, and asserted that he did it under the belief, that to prevent the destruction of the world, a sacrifice was demanded of him, and he heard the voice of God commanding him to commit the act. He was so manifestly insane, that he was not tried, but was admitted to the Asylum a week afterward, on a bond as a private patient. He was then sleeping little, had a variable appetite, and was much emaciated; continued sleepless and depressed, had headache and was confused in speech. After five months in the Asylum, he writes to his friends, "it seems as if I had been handled by some unaccountable and irresistible power, you can imagine my feelings, I can not express them. The last days I spent at home, seem like a dream, nearly extinct at first, but made plainer by thinking of it." He also expressed delusions in regard to his neighbors and friends, which he retained for some ten months. He gradually improved in health, gave up his delusions, and after some eighteen months was discharged recovered.

CASE XXXIV.—Admitted April, 1864. Woman, aged 40, married, three children, good habits, common education, not a church member, native of New York, mother and sister have been insane. Had been married some twelve years, but during the whole time had not enjoyed good health, was subject to "nervous spells." Her third child was born nine months before the infanticide, and she was after that time in more feeble health. Two weeks before, she attempted suicide by taking a teaspoonful of arsenic in molasses. This proved an overdose, and she vomited it. In killing the child, she first beat its head with a stick, fracturing the skull, choked it, and afterwards cut its throat with a razor. After the deed she carried it around in her arms in a frantic manner. She did it she said, because she thought it was poisoned by nursing her after she had taken the arsenic. An examination was held, and she was acquitted on the ground of insanity, and sent to the Asylum on the order of the Court. She was thin in flesh, sleepless and depressed, and had no realization of her condition. She asserted that she could not die, but wished some one could get her out of the way. She also gave the same reason, already narrated for killing her child. During her residence in the Asylum, a period of seven years, she was depressed and gloomy, had delusions that her food did not nourish her, but passed directly to her bones, and on this account at times refused it altogether. She was for a period strongly suicidal, and again noisy and maniacal. During the latter part of the time, she was composed, quiet and interested herself in sewing, but had occasional paroxysms. She was transferred to the Asylum for Insane Criminals.

CASE XXXV.—Admitted September, 1864. Man, aged 30, widower, farmer, common education, Methodist, temperate, native of New York, maternal aunt insane. About eighteen months before the commission of the homicide, he became insane, asserted he had a revelation from Heaven, and that by laying hands upon the sick they would recover, visited from house to house, giving warning to people to flee from the wrath to come. He became incoherent in speech, threw his food away, and on one occasion threw his wife's shoes in the fire and choked her. He was restless and sleepless. After some two months he became natural, and was thought to have recovered his ordinary mental condition, though physically debilitated. A month before the homicide, he became exhausted by his labor and was said to have suffered from an attack of fever, (probably sub-acute mania,) of some two weeks duration;

during convalescence he was irritable, restless and sleepless, was suspicious of people, that they were plotting against him, broke dishes at the table, and induced fear in his family. At this time he went out to drive with his wife; they had been gone but a short time when she was heard to cry murder, by neighbors who were following them; was found by them with his knee upon her breast, and his fingers upon her throat; she was lying on the ground dead. He was highly excited, incoherent and violent, toward those who approached him, and this condition lasted two hours. He then became calm, and on being informed of what he had done, was greatly affected. A few days thereafter he was brought to the Asylum on bond of friends; he was quiet, coherent in conversation, but manifested mental enfeeblement. He recollects the affair, said he was unwell at the time, and entertained the delusion that his wife and others, by witchcraft, had affected his health, that on the morning of the murder, he had determined to ride out with her, and talk the matter over pleasantly, but as soon as he commenced conversation he became frantic and could not control himself. He slowly gained in mental and physical condition, and after six months was removed by friends contrary to advice, as he was considered a dangerous man. He was not arraigned or tried.

CASE XXXVI.—Admitted October, 1864. Man, aged 33, married, one child, farmer, Lutheran, native of Germany. He was drafted in 1863, and soon after became insane; he was sent to the Government Hospital for Insane at Washington, whence he was discharged after a few months, and returned home. Was unwell for some time, and finding himself unable to work for his family, became depressed and melancholic, said they would all come to want, and that it was best to kill his family and himself to avoid the impending danger. He killed his wife and child while they were in bed, with an axe, but was prevented from killing himself by the intervention of the neighbors. He was arrested and tried on an indictment for murder. The jury under charge of the Court declared the prisoner not guilty, on the ground of insanity. He was sent by order of the Court to the Asylum. He improved favorably, and after nine months was discharged recovered.

CASE XXXVII.—Admitted December, 1864. Woman, aged 38, widow, two children, native of Ireland, Catholic, no education, intemperate, heredity unknown. She was an intemperate woman, and with her husband kept a low drinking house. She killed him by cutting him up with an axe, while he was in a state of beastly

intoxication. She was tried and sentenced to be hung, but the sentence was commuted to imprisonment for life, and she was sent to Sing Sing where she remained for a year. For a few months she was quiet and worked industriously, but for the last six months in prison was noisy, maniacal, and made dangerous attacks upon others, had hallucinations of sight and hearing, declared she saw her husband and talked to him, also that she had a child in bed with her, and called people to see it. At times she pounded the wall, saying she was striking her husband. To prevent injury to others she was secluded, and finally brought to the Asylum upon the order of the Prison Inspectors. She was much of the time noisy, boisterous, profane, obscene, violent, insisted her husband was here, and was hungry, and demanded he should be fed. At times she was dangerous to those who had charge of her, from her violence. She retained her hallucinations of sight and hearing, especially regarding her husband; she had no realization of having killed him, and if the matter was referred to, constantly asserted she "cut the Devil up." She continued in the institution for six and a half years, when she was sent to the Asylum for Insane Criminals.

CASE XXXVIII.—Admitted December, 1864. Man, aged 22, single, farm laborer, Baptist, deaf mute, temperate, native New York. Father insane and four paternal cousins. Parents are cousins, two sisters are mutes. He was a stout healthy boy, and at the age of ten years was sent to the school for deaf mutes, where he made good progress and showed considerable aptitude for learning. After returning home he worked upon a farm. In July, 1862, after a period of revival meetings he joined a church, and then began to complain of God's injustice to him for making him a mute; considered it a visitation of Providence for the sins of his ancestors. At times he thought himself very wicked, and once attempted suicide. He was afterward in June, 1864, taken to the County Asylum, and after two months was discharged as well. He was quiet, worked faithfully, but entertained exalted religious delusions, and was incoherent. In November, 1864, he claimed to be the brother of Moses, often looked out the window as if expecting some one, and informed his friends at whose house he was staying, he was looking for Moses who had promised to come and burn Rochester, New York and Washington, for their wickedness. When laughed at he became angry, claimed that God would punish those acting thus, and requested a friend to write to President Lincoln for permission to kill three men whom he knew had

161787

cohabited with sheep. The same night he was restless, went to the front door, and seemed to be welcoming persons whom he indicated were Moses, Christ and God. The next day his parents were informed of his condition, and the day following came for him. He received them pleasantly and remained with them during the evening. About midnight he went to the door and again welcomed God to the house. At this time he communicated to a friend who was watching him, that God had pardoned his father and mother for the night, as he did not wish to shed blood in his friend's house. The next morning he desired to go to church, and when his father opposed it, threatened to cut his throat, and made an effort to seize him. Owing to his violent condition, application was made for his admission to the County Asylum, but was refused, and he was taken home. At nine o'clock he retired, but finding the bolt removed from his door, went down and ordered his mother to make a bed in another room, but as she refused he did it himself. At half past ten he went to his parent's bed-room, armed with a butcher knife, which he had obtained from the pantry. His father hearing him coming down stairs had arisen and was lighting a candle. He stabbed his father in the thorax cutting down through into his abdomen, and then endeavored to reach his mother, but was prevented by his father, although so severely wounded that he died the next morning. He was arrested and afterwards sent to the Asylum on the order of the County Judge. After remaining quiet and comfortable some two months, became violent, destructive and incoherent. He subsequently grew feeble-minded and silly in his actions, and after a residence here of some years was removed to the County Asylum as a harmless lunatic, by order of a Court.

CASE LX.—Admitted November 22, 1865. Man, aged 47, married, four children, mason, common education, intemperate, native New York, not hereditary. Was first admitted to the Asylum in 1863; had for years led an intemperate and vicious life, and for a few weeks had been acutely maniacal, violent and dangerous; was lodged in jail, and thence sent to the Asylum. He passed through an ordinary attack of acute mania, and after six months was discharged, recovered. He continued well some fifteen months, though keeping up his intemperate habits; when he became again insane, accused people of having robbed him, was boisterous, kicked down a door of a hotel where he demanded admission late at night, was arrested, lodged in jail,

and thence transferred to the County House. Being noisy, violent, and maniacal, he was confined in a cell. On the second day he broke through the side of the cell which was of two inch plank, by jumping against it. With a piece of the planking thus obtained he furiously attacked a fellow patient whom he met, and beat his brains out. He mistook the identity of persons and insisted that he had killed the keeper who, he asserted, had killed him four or five times. He was tried on indictment for murder, declared insane, and sent to the Asylum. The maniacal excitement and violence continued; had delusions that he was under the direct guidance of the Almighty, and that he had killed the keeper of the Asylum. After about six months he became quiet, talked coherently and was in a comfortable condition, but retained his delusions; was a treacherous, dangerous man, and had several maniacal paroxysms. After some four years he was transferred to the Asylum for Insane Criminals.

CASE XLI.—Admitted February, 1867. Man, aged 35, widower, five children, farmer, common education, member Methodist Church, temperate, paternal cousin insane. He served for three years in the army, and returned in the fall of 1865. From his friends we obtained the following history. That after his return from the army he did not seem natural, at times acted stupid and foolish, and did many strange things. Among them he undressed his children and pretended to baptize them, put them naked under the bed, and said they were in Hell, that on one occasion he pursued his sister with a scythe, and that one rainy night he compelled her to carry a lantern all night in the woods, while he said he was chasing the Devil. During several months he conducted thus, but again seemed rational. Three weeks before the homicide he was at times raving, and on several occasions went to his mother's who lived near him and prayed for hours as loud as he could talk. His mother and sister became afraid of him and locked the house against him. During his absence in the army, his wife proved unfaithful to him, and confessed her infidelity. He laid her on the floor, walked over her and whipped her with a strap to drive the Devil out of her. He also killed a cat, six geese and his horse; the latter he took into the house and covered with the bedding, while himself and wife lay on the bed cords. He then urinated upon the floor, and having washed the blood from his feet, drank of it, compelled his wife to do so, and then pronounced them clean and pure. He took excrements from his wife's bowels and ate of them. While naked he chased his wife

around the house also naked, saying he was driving the Devil out of her, and in this condition they danced before the children. A complaint was entered against him for beating his wife, but at the trial she refused to testify against him, saying she had deserved it all, and it was just. The complaint was dismissed. At this time, in the court room he sprinkled the floor and chairs with water, and called them pure. Two days before the homicide he went to a neighboring village with his wife; she drove the horse, but he went on foot, and part of the time on the top of stone fences, on all fours like an animal. In the village he stopped people and announced himself as Jesus Christ. On the way home he attracted the attention of the sheriff, who met him walking arm in arm with his wife; he did not talk or answer any questions. The second night after this he murdered his wife, beating her with savage cruelty in sight of his children, who were deterred by his threats from rendering assistance. In the morning, the wife was found dead in bed, with her leg broken and put up in a police, by a brother-in-law. He was arrested and taken to jail, where he was in a dull and stupid state most of the time. He ate well, was at times noisy at night. After a few weeks he was sent to the Asylum by order of the Court. He was much demented, could rarely be induced to talk, laughed foolishly without cause, and made many peculiar motions and gesticulations. His extremities were cold and congested, skin greasy, and facial lines greatly obliterated. Occasionally he was excited and talkative, and then asserted that he stood in the place of God; that his name after leaving the earth would be Jah, Jehovah; that he was God in full till he married, and then parted with a portion of his power. He gradually became more demented, and was sometimes filthy in his habits. He remained in the Asylum for nearly three years, when he was transferred to the Asylum for Insane Criminals.

CASE XLII.—Admitted February, 1867. Woman, age 22, married, one child, housekeeper, Methodist, good habits, native of New York, not hereditary. She enjoyed good health in early life. At the age of sixteen ran away from home and married, but lived unpleasantly with her husband. Four months before admission she was delivered of her only child. She had complained much of headache, which returned after child birth. She then became gloomy and depressed, and three weeks before the infanticide threw her child from the window into the snow, and then took parergic to kill herself. The child was rescued by its grandparents. Although closely watched she secretly got out of bed-

drowned her child in a boiler of water and returned without awakening her husband. She was so manifestly insane that no inquest was held, and she was sent to the Asylum on the order of the Superintendent of the Poor. She was thin and pale, slept irregularly, was strongly suicidal, had the delusion that she had committed the unpardonable sin, and also asserted that she had killed her child from a sense of duty, as it could not be like other children, and she could never take care of it. She continued depressed and melancholic, complained of severe pain in the head, and made many unsuccessful attempts to strangle and hang herself. After some months she improved in health and strength, and realized her condition. She remained in the Asylum fourteen months and was then discharged, recovered.

CASE XLIII.—Admitted June, 1867. Woman, aged 18, married, one child, good habits, common education, native of New York, hereditary, father insane. She has usually enjoyed good health; was married about two years ago against the wishes of her parents; moved west with her husband, but lived unhappily with him. She soon became unmanageable, wandered away from home, was strange in her conduct and incoherent in speech. Her condition was recognized and she was returned to her father's house. During the winter she was more disturbed and violent, and in the early spring smothered her child, then two months old; asserted that she did it in desperation at the treatment she had received, and to put it out of misery, and justified the act. At the same time she maintained that her child was not dead, and called every child she saw her own. She was committed to the County Asylum where she was noisy, maniacal, and destructive, and slept poorly. After some two weeks she became quiet, and seemed rational. She was, however, sent to the State Asylum by order of the county judge. On admission she asserted that her friends had tried to poison her, and feared she was to be taken away and hung. She gradually improved in both mental and physical condition, and after six months was discharged recovered.

CASE XLIV.—Admitted August 1867. Man, aged 43, widower, four children, farmer, common education, not a church member, good habits, native of Germany, heredity unknown. His insanity was first noticed in December, prior to the homicide. He then neglected his business, went often to the village, and spent whole days there. Was restless and sleepless; had hallucinations of hearing; said he heard threats of burning his barn at night, and

therefore slept near the door; he got up frequently and looked out, keeping watch. He also went to neighbors houses at night, and on one occasion started at midnight for the village with cattle to sell, that he might get by his neighbors; asserted that the merchants with whom he dealt were suspicious that his money was counterfeit. He accused his wife of infidelity, and of giving him poison in his food, and keeping him under the influence of it. This he said made his head feel stupid and caused dizziness and loss of memory. He also asserted that he had been poisoned by some pork sent him by a neighbor. In March he applied to a lawyer to get a divorce from his wife on the ground of her infidelity, but he could bring no evidence of members of his family to sustain the charge. On the morning of the 17th of April his wife was found dead with a whip lash tied about her neck, and he is said to have sent to the village and ordered a coffin for her. He was arrested, declared insane and put under charge of a committee; was retained in jail till August, when he was brought to the Asylum on a bond as a private patient. On admission he maintained the same delusions as are given above, but made further statements, asserted that on the night of April 10th his wife gave him a drink of poison which made him sleep heavily; that in the night he awoke and found his wife's hand upon his throat, and she was trying to choke him. In the morning his stomach felt as if he had eaten nothing for a long time. She gave him some Hostetter's bitters, to drink, which she had poisoned, that this produced a violent headache, made him sick and took away his mind. On the night of the homicide, although he claimed he was drugged, he awoke and saw his wife in the kitchen standing by the stove; that he went out there, found the whip lash on the floor, and does not know any other particulars, but supposes he must have choked her. That he then went to bed, was restless during the night, but got up at dawn and told the children that mother was dead; that he put his boy on a horse and sent him to the village to bring some one up; that he went to the justice's, reported the death of his wife, remained there during the afternoon and then went home. He also states that he was taken to jail that evening, and that after he had been there some three weeks, the remembrance of the occurrences returned to him. In speaking of the murder of his wife, he says: God will not punish him, that he did not do wrong, that it was a matter of right, necessity, and self-defence, and that he was not responsible as he was under the influence of the drug given him by his wife. He was quiet and orderly, but in about a month became

maniacal and violent for a short time. He then developed the delusions that food and air were poisoned, that medicine was given him to make him insane, and that his blood had stopped circulating and been drawn off. He remained quiet, peculiar in his manner but retained his delusions, during his stay in the Asylum, nearly two years. He was then removed by his committee.

CASE XLV.—Admitted October, 1867. Man, aged 20, single, no education, no occupation, not a church member, intemperate, father died insane. He was a bright, intelligent boy, at the age of eight years, was injured by the accidental discharge of a pistol in the hands of his brother. The charge consisting of a ball and two slugs entered the arm just below the shoulder, passed across the back, and is asserted to have lodged in the spinal column. Complete paralysis of the right side took place and continued for six months. The power of articulation was lost for the same time, and when about a year afterward he returned to school, he was found to have lost all knowledge previously acquired from books. At the age of seven he learned to chew tobacco, and at nine, after he had recovered from the immediate effect of the wound, he began to use liquor. Naturally of a mild and kind disposition, when under the influence of liquor, which he drank to excess whenever he could obtain it, he was irritable and violent. His mind was feeble and did not develop normally after receipt of the injury. He attended school part of the time, and studied with his brother and sister at home, but did not learn to read. When he was 14 years of age the family removed to the country, and from this time when not in school he drove cows and did other chores. He continued the excessive use of liquor and tobacco, and had periods when he was melancholic, and threatened his own life and the lives of others. On the 25th of June, 1867, he obtained and drank two glasses of liquor. He then went home and having taken a pistol from his brother's bed, went down stairs and without saying a word or having had any altercation with her, shot his mother in the head. A second shot missed the body, and a third took effect in her side. The patient then shot himself, fell, and became unconscious. After a half hour had elapsed his brother entered and found both lying on the floor. His mother was dead, and patient was seriously wounded. The ball entered the right eye, and passed out of the right ear. The sight was destroyed, but the hearing was not affected. He was arrested, confined in jail, and in October tried. He was found insane and sent to the Asylum upon the order of the Court. On admission he was quiet and well behaved, and gave his

own history. Regarding the homicide he said, that as he entered the house in the morning after drinking, the idea of suicide entered his mind, and because of his affection for her, he wanted his mother to die with him. His general health was fair, his right side was paralyzed, and the extremities were atrophied. The right hand was much deformed, the palm being turned outward and the fingers permanently fixed. The right foot dragged in walking and there were choreic movements of the muscles of the face, which was disfigured by the injury, and also of the leg. It will be observed that the paralysis was on the same side as the injury. He remained in the Asylum for nearly four years, and was a quiet, harmless, and tractable imbecile, and was then transferred to the Asylum for Insane Criminals.

CASE XLVI.—Admitted April, 1870. Woman, age 31, married, two children, good habits, common education, not a church member, native of New York, heredity unknown. At birth of eldest child, now ten years of age, she had a difficult labor, lost much blood and has not been in as good health since. About two years ago gave birth to a second child and was still further reduced. She soon became excessively irritable, and was at times violent towards her husband. Two months before her admission, as appears from the evidence, she had some trouble with her husband. After he left the house for his work, she told her little boy she must kill the baby to save it from suffering as she had, and then sent him on an errand to a neighbors to borrow something. On his return she told him she had killed the baby, and directed him to call the neighbors to see it. They found it on the floor with its throat cut and a piece of rag lying over the wound. She was removed to jail, where she ate sparingly, slept irregularly and at times moaned and groaned, and again sat silent and moody, denied having killed her child, and said her husband would bring it back. She was sent to the Asylum upon the order of the Court. After admission she was gloomy and depressed, thin in flesh, and most of the time silent and seclusive. She complained of pain in head and back, refused food, which was administered by stomach tube, and was very suicidal, trying to get knives or some instrument with which she could accomplish her purpose. In a few months she gained in flesh and strength, and was inclined to employ herself. She still, however, complained of pain, and of an uncomfortable sensation in the head. A year after admission she had some realization of her condition, and made the following statement: That when she killed the child, she wanted to die, and felt they were all

going to hell, and she feared the child would come into the same state she was in, and it was better for it and for her that it should die. That she had very vague and confused notions of things, that every thing seemed in a whirl of sin and wickedness, that she acted conscientiously, and thought she was doing right, that she used to get up in the night and think she would kill the child, and that some evil spirit urged her to do it. She also said that for a long time she prayed earnestly to be saved from the sin of murder, and that her little boy kept her from killing herself. She gained both physically and mentally, and after about fourteen months eloped from the Asylum by picking a lock. A short time after this she broke her limb by being thrown from a carriage. She was so much injured that her friends assumed the charge of her, and she is still with them.

CASE XLVII.—Admitted January, 1871. Man, aged 64, widower, eight children, farmer, intemperate, not a church member, no education, native of New York, heredity unknown. He had been an ordinarily healthy man, worked hard at his occupation of a farmer, was intemperate in his habits, and often abused his wife. Two years before the homicide he had a severe attack of rheumatism, followed by valvular disease of the heart, large deposits about the joints, atheromatous arteries, and œdema of the legs. He complained of dizziness and disturbance of vision, became suspicious of his wife and son, whom he said were plotting to get his property, and left home for longer or shorter periods. At times took his clothes to a neighbors to be washed; tied them up in a handkerchief and threw them out of the window. Insisted on selling his farm to his son, and taking a mortgage for the paltry sum of \$100. Before the homicide he went away from home and staid all summer with another son, and never mentioned his wife or business while there. After his return went on to a piece of wild land adjoining his farm, built a shanty on it and lived there alone for a time, but returned to his home because he had "fainting fits" there, which he said were brought on by his wife and son. Made foolish bargains, and when one of these was broken up, became enraged, and afterward refused to do any thing. One morning after breakfast, and his sons had gone out to work, nothing unpleasant having occurred, he came out of the house holding up an axe, and told his youngest son to tell his oldest brother, who was ploughing, that he had killed mother. The eldest son came in and found his mother on the floor with her head cut open, and his father smoking a pipe. He stated to his son that he had killed

her, that he had seen a face in the axe, that he must go and get some women to fix up the body before the girls came home, as they would feel badly. He then got up and refilled his pipe, was obliged to step over the body to reach the tobacco, and said he would watch the body till his son got the women. He made a similar statement on examination in the jail, in October, 1871, and asserted that he and his wife were talking together after the boys went out, and she thought he ought to do something. He said it seemed to him that he got very large, and every thing about him was very large; that he himself was as large as a barn, that the axe stood near and he could see a large face shining in it, which he thought was the face of God. The next thing she screamed, and he saw what he had done, and then struck her again with the axe to prevent her from suffering. He described these fainting fits as first a dizziness, and then he did not know anything till he came out of them, that he had often had them, and believed his wife and son brought them on by some influence they had over him. He expressed no feeling, did not think he had done any thing wrong, and had been very happy since. Said he had been converted, and God made him feel it was all right. He was in a condition of dementia, hands and feet were œdematous, joints much enlarged by deposits, and fingers purplish. Skin was clay colored, cold and greasy, and facial lines were partially obliterated. After the examination he was sent to the Asylum without a trial on the order of the County Judge. While in the Asylum was silent unless addressed, serene in countenance, never spoke of family or friends. After some six months he was transferred to the Asylum for Insane Criminals.

CASE XLVIII.—Admitted April, 1871. Man, aged 36, single, picture frame dealer, Catholic, common education, intemperate, native of Ireland, mother insane. He had been in America some eighteen years, and employed in various capacities, as a laborer on railroads, a bar-tender, a peddler, a waiter in hotels, in the commissary department of the army, and for past two years as a picture frame dealer. He had been an habitual drinker, and at times became intoxicated. On Sunday in which the homicide was committed, he went to visit an acquaintance, took tea with him, and afterwards a drink of whisky. They then visited a saloon, where he met the man whom he killed. They drank together, and soon he and his friend left the saloon and started home, on the way they quarreled, and he returned to the saloon; a number of persons stood at the bar drinking, and for some ten minutes he listened but did not speak; a remark was made by the murdered man that

the name of McClellan was one he respected, and was one of Scotch origin, with an oath and the assertion that he was as good as any man in the room, he drew a pistol and shot him. He was arrested, lodged in jail, and in about two months brought to trial. The line of defense adopted, was that patient had epilepsy with attacks of insanity. It was in evidence that for four or five years he had accused people of spitting at him, and asserted that the government and individuals were watching and following him about, that some fifteen months before he had attracted a crowd of people for striking a man who spit in his presence, that a few months before he had been knocked down and robbed, and after this had purchased a pistol, with which he said he was going to settle some parties, that he had been turned away from his boarding place, because he had used threatening language to his landlady and the other boarders, that he was worse when in liquor, and that when he had periods of disturbance, the blood would rush to his face, and he would clinch his fists. He was examined by several experts, who testified to his epilepsy and insanity, among them was Dr. M. G. Eccheverria. The prosecution abandoned the case during the trial, the jury brought in a verdict of not guilty because of insanity, and he was sent to the Asylum by order of the Court. On admission he asserted that for four or five years he had imagined people spat at him, and were watching him, that he used to hear people around the house talking about him, though he could not hear what they said, that he had been knocked down and robbed some two months before the homicide, and was laid up a few days by the injury. That after this he had dizziness and pain in the head, that his vision was affected, and he had the sensation of balls of fire before his eyes, says he was afraid because of the rough character of people about his store, and bought the pistol to protect himself, and fired it off in his store to let them know he was armed. Regarding the homicide he recollects going to the saloon with his friend and drinking a bottle of champagne, did not drink any more because he had a headache and felt dejected, and feared liquor would make him worse. After leaving the saloon, and having the quarrel with his friend, he remembered nothing until the next morning, when he awoke in the station house. While in the Asylum he was morose and reticent, but at times threatening in language. He manifested enmity to the judge who committed him to the Asylum, and said he would be willing to be hung if he could kill two of the physicians who had charge of him. After some fourteen months he was transferred to the Asylum for Insane Criminals.

CASE XLIX.—Admitted March, 1871. Man, aged 42, widower, no children, physician, academic education, intemperate, native of New York, heredity unknown. He was usually in good health, of a passionate disposition, and for some years had been at times very intemperate. He had had three attacks of delirium tremens before the present one. A week before the homicide he began to drink immoderately, and on the evening before, a physician was called to attend him. A lady friend remained in the room with patient and wife until twelve o'clock, but as he was then sleeping quietly, she went to bed in room below. Toward morning she heard a noise in the room occupied by patient, tried the door and found it locked. She obtained a key, and on entering found the wife on the floor dead. She had been beaten to death by her husband; when an officer arrived, the patient was washing himself, and was much excited. When asked why he killed her, he replied that she was going to China, and he thought she had better go to Heaven first. On being taken to jail he was noisy, excited, and violent, and saw animals in his cell. The grand jury refused to indict him because of his insanity, and he was sent to the Asylum, by order of the County Judge. For a short time he was tremulous in action and incoherent in speech, but gradually improved, and after seven months was discharged by order of the Court. He subsequently removed to the west, and afterward committed suicide.

CASE L.—Admitted March, 1874. Woman, age 39, widow, one child, housekeeper, common education, Baptist, good habits, native of New York, paternal grand uncle insane. She was never in robust health; was married to a physician at the age of 21. At birth of child some four years afterward she had a milk leg, which has since given her more or less trouble. Her husband died about twelve years before the homicide. She was gloomy and depressed, and lost sleep and flesh at that time. She remained on the farm where her husband died, some four years, and because of her loneliness went to live with her brother in a village near by. During the whole period she constantly complained of ill health, of pain in her back, head, chest, and of uterine troubles. Her brother noticed a marked change in her for two years. She became absent minded and forgetful in conversation, and during the past year lost interest in her affairs, and said she was not going to live long. From about July, 1870, she was more feeble minded and forgetful and gradually became gloomy and depressed, uterine difficulties became more aggravated. Soon after she consulted

a physician and asserted to him that she was pregnant; that in June she had an attack of dysentery, for which she took some opium and camphor, and then went into the garden, sat down and soon fell asleep; that while sleeping a man came along and had intercourse with her. This story she repeated to the physician in her visits and correspondence. In November she remained a week under care of her physician. He made an examination but could detect no signs of pregnancy. She was menstruating regularly. On the 30th of November she visited him again and asserted she could feel the movements of the child in her womb. In the persistent denial of the physician that she was pregnant, she would for a time acquiesce, and say, "Doctor, I guess you are right, I am not pregnant, but in a few moments would return to the subject and re-assert her pregnancy. She continued her visits, and as late as January 10, 1870, when he made another examination, strongly asserted the same delusion. She was then thin, anaemic, complained of a pain in her head, talked of little beside her condition and was much depressed. During the fall of 1870, this changed mental state was especially noticed, and was the subject of conversation between her brothers. In October she was thrown from a wagon, complained of being much jarred and injured in her back. One leg was much bruised and swelled. She manifested unusual indecision and many peculiarities, and during the few weeks preceding the homicide was very restless, walked much in the house and on the street; kept a light burning all night in her room. A few days before, when one of her brothers went away on business, she acted very strangely, did not bid him good by, but told him he would never come back alive, and when he handed her an insurance policy and told her it should be her's and her son's if he was killed, she spoke complainingly that every thing was heaped on her and her son. The day before she visited a neighbor, was very restless, talked about her brothers and some trouble which existed between them regarding pecuniary matters, rocked to and fro, repeating, "I shall die, I can't live; I can't live; it all rests on my shoulders." This she did most of the time of the visit. She complained much of headache, and when she went out, passed her hand to her head, remarking: "I shall soon be where this aching head will be at rest." The neighbor testified that she looked wretchedly, her eyes were sunken and she was thin and pale. She had for some time been losing flesh, and had many boils upon her person. In the afternoon of the same day a traveling insurance agent stopped at the house and talked to her of getting her life in-

sured. In the evening she drove with the agent to the doctor's. It was a cold night, and she had on a thin shawl, no furs or rubbers. She took a policy for three thousand dollars for six months, and paid a premium of eighty dollars, and returned home at 8 P. M. She then was probably up all night, as some notes were found which showed she had been writing, and was under great mental distress. One of these directed to the agent at Bath, was evidently addressed to her son. Early in the morning of January 19, 1871, she went across the street, slipped a note under the door of the person whom she accused of seducing her, requesting him to come over as she wished to settle matters with him. He went over, and immediately thereafter, the report of two pistol shots was heard. Persons going in at once found the man dead, shot through each side of the head. She ran immediately by the shortest way, to the house of a brother, half a mile distant, and following him into a bed room, shot him. He died the same day. She was arrested and kept in the house while an inquest was held, but manifested no concern regarding the homicide, though moving about, talking, and expressing a desire to see her son. While going with the sheriff to the jail she talked incessantly and incoherently. I was called to examine her and found her in the following condition: She was at times silent, at others talkative, picked her dresses, took down her hair, was dressed by compulsion, refused food; threw things at the person bringing it, laughed and talked to herself in a muttering way, had an attendant constantly with her. One night she got out of bed; attendant said she awoke, missed her, found her sitting on the floor nude. Once attempted to throw herself headlong from the window, and gave no reason for any of her conduct. She ate voraciously, and with her fingers, steadily lost flesh, was sallow, skin cold and greasy, had a number of carbunculous boils on her head and body, which she would not allow to be dressed, but kept picking with her fingers. There was convulsive action of the eyelids without movement of the eyes. The glands of the eye were dry, and the conjunctivæ pearly white. The emotions could not be aroused by any reference to subjects of interest to her. Her features were most of the time fixed and immovable. Her fingers were in almost constant motion, and she rocked to and fro in her chair. When she gave answers to questions they were not responsive. Every attempt to awaken any sense of responsibility, or of right or wrong, by reference to the crimes she had committed, failed. In speaking of the men whom she had killed, she smiled and said, "They were not hurt," "Their

heads will grow on again," and then the idea thus awakened would seem to drift away and she would become silent. Again she replied, "She had nipped their ears and they would be around." At times her face would light up, and in answer to a question she would say, "I will tell you," and then stop. I finally ascertained that in committing the homicides she labored under the delusion that the neighbor had effected a rape upon her person, and that her brother was reporting her disgrace. After a judicial investigation in which the preceding facts were brought out, substantially as given above, she was sent to the Asylum upon an order of the Court. She was much demented, restless, walking up and down the ward, was usually silent, careless in dress, muttered to self, to questions persistently put replied in monosyllables, tied a black string around wrist, and wore a white patch on forehead, slept poorly, and ate sparingly. After a time appetite improved and she gained in flesh and strength. In October following she was walking out with other patients, when she suddenly mounted a ladder, placed against a verandah which was being painted, and reaching to the third story, a distance of about thirty-five feet. When she had gained the roof, as she saw some one approaching, she jumped to the ground. The fall occasioned a fracture of the right thigh, at the middle third, and a severe contusion of the neighboring tissues, as also of the face and neck. She complained of severe pain in the chest and back, though there was no fracture of the ribs or apparent injury. She became talkative, but was incoherent, repeated many times, "turn the organ round;" talked of being pregnant and said "let it be born." During the treatment for fracture she asserted she was pregnant, that the child had grown to her body, that she felt it move; that she sat down on the ground and felt bad. She made a good recovery from the injury, with a slight degree of shortening. Since then she has continued in much the same state as before described, at times somewhat disturbed, but usually quiet and indifferent to surroundings, and talking little and incoherently. Her general health has somewhat improved since admission. She is still in the Asylum, is silent and manifests no interest in any thing.

CASE LI.—Admitted January, 1872. Man, aged 27, married, two children living, picture frame maker, common education, Methodist, native of Wisconsin, maternal aunt and grandmother and paternal uncle insane. He served during the war in the cavalry, and married upon his return. Has had three children, the

oldest about five years of age. Was reputed to be a shiftless fellow, and to have abused his wife, though she never made any public complaint against him. They lived in a small village, the wife kept a millinery store, and he rendered her some assistance. Upon the examination it was in evidence, that he had shown signs of mental disturbance for a year or two. Some six months before the homicide he started from home to walk to Philadelphia, after going some miles became foot sore and weary, and returned home. A week before the occurrence the wife had called her friends to see him because of his strange conduct. He was lying on the bed, and there expressed delusions of suspicion and fear, said he had enemies, and to his friends seemed "out of his head." On Saturday an uncle called to see him, and patient told him that the evening before he had been at work to get the devil out of his boy, and that he was getting into him again, and went to rubbing the boy, and wished the uncle to see if the boy's eyes stuck out, and if there was a clammy sweat on him, said he had had a vision and it was all made plain to him. On Monday evening, December 18, 1871, the family retired about 10 p. m., he did not undress, and about one o'clock, got up and said he would build the fire. His wife says in a letter to him, while in the Asylnm, "the next thing I knew you were standing over me with the razor in your hand trying to cut my throat, I wrenched the razor from you, how I did it I never knew, for you worked pretty hard, then you started for the axe, I tried, oh so hard, to get that away from you, but finally I was compelled to give up and let you kill me, then the blows came thick and fast on my head, and I fell to the floor, feeling nothing, but hearing our boy begging you not to hurt ma so. How easy I could have died, no pain, nothing but a consciousness of failing strength, and then all was dark." The child's throat was found cut, and its head nearly severed from its body. The testimony shows that patient went to a neighbor's house, a little after one o'clock in his stocking feet, with shirt and pants on, and without a hat. Having aroused the neighbors he inquired, "where are the boys, where are the rest of them?" On being answered "in bed," he replied "all right," then jumped the fence and ran away. "He was then wild and excited and seemed crazy." He went to another neighbor's and having asked him to take him to the city in the morning, went to bed. After breakfast they went out and neighbor then heard of the homicide. He was arrested, and an inquest was held, at which he was present, some one remarked to him: "This is a sad thing for your family," he replied, "It is God's

doings, the Bible says : ‘vengeance is mine, I will repay saith the Lord,’ that’s all.” He then relapsed into silence, replying to questions in monosyllables. He was indicted, and in about two weeks declared insane by an inquisition. At this time he was thought by the physicians to have been insane for from one to two years, he was incoherent, at times moody and reticent, and seemed to have no realization of having killed his child. He expressed the delusion that he had had a vision, that he had died, and his spirit had left his body, and when it returned his body was cold. He was in good flesh, and in fair general health. He was sent to the Asylum by order of the court. On admission, he was reticent, and presented the following physical signs, extremities cold and congested, facial lines partially obliterated, lips everted and a blue line along edges, he ate and slept well and was quiet. He soon became more talkative, would answer a few questions correctly, and was then incoherent, talked much of belonging to the army, asserted that the government would soon send a force and release him. At times denied the killing of his child, and again declared after that, two darkies did it, said “he had visions that he was full of gas, and was brought into trouble, because the minister preached the colors red, white and blue,” says “God is the brain, God is woman, and the beasts are Jesus Christ, that they are to be knocked down and man is not.” He made frequent attempts to escape, as he denied his insanity, and also that he ought to be in the Asylum. After some ten months he was transferred to the Criminal Asylum.

CASE LII.—Admitted July, 1872. Man, aged 43, married, one child, ship carpenter, common education, Catholic, native New York, intemperate, heredity unknown. He was robust, and apparently a healthy man, served in the army, and while there asserts he had a severe attack of acute rheumatism, was accustomed to use liquor and at times drank to excess. - In April he shot a man in a bar room, was arrested and placed on trial. The defense of insanity was raised, the evidence was to the effect, that some five or six years before on one occasion, he acted strangely, came to the house of witness in the night, and asked to stay, seemed confused and suspicious, said enemies were following him, but could not name them or give any reason for suspicions, and again that within a week of same occurrence, while walking in the street, he talked strangely, said to friend, “our lives are in danger,” and that he saw a man with a stone and seemed fearful. A physician also testified that some eleven years before, he had treated him for

mental aberration from drink, and had seen him two or three times since laboring under dementia. His family friends said he had acted strangely for some years. He was acquitted on the ground of insanity and sent to the Asylum. When admitted gave his own history, that he had been drinking to excess, and was drunk for some days, denied all recollection of going into the bar room, of having a pistol, of the shooting, and in fact of all events from four days before until the day after the shooting, when he was told in jail what had taken place; that he was then getting sober. This statement was made in the presence of the officers who accompanied him to the Asylum, and was the account he had given before. After their departure, he stated he remembered all about it, that it was a put up job for him to play insane, as well as to shoot the man. That he shot him because the man had seen him come out of the house of a woman of doubtful character, and had black mailed him several times, that he was determined to put an end to it, and shot him. That he had taken some liquor but was not drunk, that the man was a bad fellow and people were well pleased, that every one knew he was not insane, and said he had done the proper thing in shooting the man. Of the testimony regarding his insanity he says, that, although the doctor swore he had been insane five years and had treated him for it, "if the doctor did treat me for insanity, I never knew it," and that his friends never said anything about his acting strangely until after the murder. In the Asylum, the patient gave no evidence of insanity, was in good flesh, stout and robust. After he had been some six weeks in the Asylum, a writ of *habeas corpus* was issued in answer to which he was taken before the Court; after hearing the case he was remanded to the Asylum by Justice Leonard, who in his order said: "The office of the writ of *habeas corpus*, is for the purpose of inquiry into the cause of the detention of any person, and if it appears to be illegal, of granting a discharge. Ordinarily the regularity of the process of commitment terminates all further inquiry, and the prisoner is to be remanded into custody. The court can not on *habeas corpus* inquire into the justice of the sentence or judgment, that has been pronounced by another tribunal, which can be renewed only in some other manner by a higher Court, but not upon *habeas corpus*. It is entirely clear that the judgment and process in the case of Burns, are regular and sufficient. The general *habeas corpus* act, provides that a prisoner confined on a judgment or sentence of a court of competent jurisdiction, is not entitled to that writ. The prisoner must show

preliminarily that he is not so confined when he applies for the writ." A month after he escaped by picking a lock, but was re-taken in a few days. He was then transferred to the Asylum for Insane Criminals.

CASE LIII.—Admitted September, 1872. Woman, aged 49, widow, three children, housekeeper, common education, not a church member, smokes, native of Vermont, not hereditary. She was in good health in early life, but some twenty years ago injured her back, and at the time was confined to the bed, and has since when over-worked or fatigued, suffered much pain. Some four years ago she passed the climacteric. During this time she lost in flesh and strength, became restless and disturbed, and ate and slept poorly. She also suffered from a sensation, as if her head or certain parts of it had been cut away and were removed from the body. She also seemed to see them in front of her, but when she applied her attention to it was able to correct the impression. She had an attack lasting some four months, in which she was apparently maniacal, preached, prayed, and sang, tipped over the furniture, was untidy in dress, and careless in habits, restless and inclined to wander away. She then improved, but has had attacks of same kind at irregular intervals, and of variable length. In August last her husband died from poisoning, and she with a neighbor, with whom she is said to have been improperly intimate, were indicted for the crime. He was sick at the time, and died soon after. She was lodged in jail, and afterward declared insane, but was at the time too feeble to be conveyed to the Asylum. She complained of same sensations in the head as have been given, and also had much pain in the back, was thin in flesh, ate little, and at times did not recognize her own children. On admission she was still very feeble, could not get up from chair or walk without assistance, skin sallow, eyes prominent, pupils dilated, and conjunctivæ pearly, when she talked, turned head toward right shoulder, spoke slowly, and with much hesitation. The sensation of bursting, and of a removal of a portion of the brain, with pain and dizziness continued. Her head was in almost constant motion, and there was great twitching of facial muscles, and also pain in back with tenderness opposite sixth dorsal vertebræ; she was feeble minded, emotional and depressed. She denied poisoning her husband, and having any improper relations with her neighbor, though she said her conduct had been injudicious; that the neighbor put poison on the tansy, of which her husband made his bitters, and wanted her to leave her husband and live with him.

She gradually gained in flesh and strength, but after a few weeks had an attack of facial erysipelas, when she thought she was going to die, at this time she stated that her husband poisoned himself with fox glove, because "he had the bad disorder." She, however, recovered from this attack, and was in a greatly improved mental and physical condition. The pain and abnormal sensation in the head continued to recur, with increased redness of face, a sensation of bursting, and attacks of neuralgia at frequent intervals. About a year after her admission she had a severe epileptic fit. This was subsequently followed by others. From careful inquiry we ascertained that she had been subject to epileptic seizures for years. She became quite feeble, walked with difficulty, was dizzy, and staggered like a drunken person. The debility became more marked, and she became entirely helpless, was in bed, incoherent in speech, and speaking with difficulty from paralysis of the tongue. She gradually gained in strength, and after some twenty months was transferred to the Asylum for Insane Criminals.

CASE LIV.—Admitted February, 1873. Man, aged 40, single, laborer, reads and writes, Catholic, native of Ireland, not hereditary. He was in the army and served fourteen months, received a wound in left leg and was honorably discharged. Had worked faithfully at same place for past two years. Some two months ago he murdered an old man with whom he was keeping house, by striking him on the head with a shovel. He then went to a justice and told him he had killed the old man. The justice did not believe him and sent him home. The patient washed the body and laid it out, and the next day went again and told him he was sure the old man was dead. He was arrested, and on examination found insane and sent to the Asylum by the County Judge. On admission he was quiet, acknowledged the killing, but asserted that "he was the true and living God, and the man he killed was anti-Christ, that it was his duty to multiply and increase, but that anti-Christ prevented him by masturbating him, that they slept together in the same bed, and that when he awoke in the night the seed was coming from him, that this enraged him and he told the old man he would get the axe and kill him. He came to the shovel first, and anti-Christ did not forbid it. That as anti-Christ came from the hell of the damned and gave three knocks, he gave him three knocks, those weights down on him by command of God." He was incoherent in speech, but persistent in the assertion of his delusions, claimed to be the true God, John the Baptist, and Jesus Christ, that if he should be retained in penitentiaries

and prisons and be hung, he should put his curse upon the world, and it would come to an end, he continued quiet though at times threatened others, had a pale anaemic look, characteristic of his chronic insane-state. After about a year was transferred to the Asylum for Insane Criminals.

CASE LV.—Man, aged twenty-five, intemperate in his habits, Father and mother had for years kept a low drinking saloon and house of ill-fame, and both had served sentences in State Prison as receivers of stolen goods. After their release, the husband obtained a divorce from his wife and lived with another woman, to whom he claimed to be married. With her he resumed his former occupation. The place was well-known to the police as a resort of criminals and abandoned characters. The patient had received a common education, and been employed as clerk in various offices, and on the canal. From his own statement he had led a dissolute life, and had contracted venereal disease, which his condition, on admission, verified. His health having failed, he came home, boarded with his father, and engaged in the insurance business, but without success. He continued his evil associations, and gave himself up largely to drinking and dissipation. During this time he often threatened the life of his father and stepmother, secluded himself in his room, and shortly before admission had symptoms of fever, was described as delirious, out of bed and around the house with only his underclothes on, drank freely of liquor, became abusive, threatening and violent. The police were called in at times to quell the disturbances. One day a boarder in the house hearing a noise in the room occupied by patient, went up stairs and found him seated at the head, with a pistol in his hand. The patient discharged it at him, and the bullet passed through the right forearm. The injured man retired and soon after heard three pistol shots fired in quick succession. The police, summoned by the noise, went into the patient's room and found the stepmother lying dead on the floor. A ball had penetrated the chest, passed through the right lung, removed a portion of the wall of the aorta, and lodged in the left lung. The patient was seated upon the side of the bed reloading the pistol. He was removed to the jail, and on the inquest gave a contradictory, confused statement of the affair; said, "the woman was trying to get into the room to kill me; I cocked the pistol when I saw she was going to kill me; I shot the bullet and it went plumb through her heart." He also made other statements giving a different version of the affair. An investigation was made before the County Judge; he was declared insane and

sent to the Asylum. On admission he gave a very long history of his case, justified the shooting on the ground "that his stepmother had attempted to poison him, and that God had ordered him to send her to hell without a moment's warning;" that he had shot the man "because he had brought him bad water to drink." He was thin in flesh; conjunctivæ pearly, tongue heavily coated, features sharp, and skin pale. He had two sinuses opening into palm of left hand, one between ring and fourth finger of right hand, one on left foot near big toe, and one in same position on right foot. For the first few days he was about the ward, talked incessantly, maintained his assertions as to the killing, and its justification, then became more feeble; was complaining, fault-finding, whining in speech and childish, asked for changes in room, in bed, in diet, ate and slept well, though he asserted he did not. After some two weeks there appeared an extensive swelling of the left leg and foot, resembling somewhat phlegmonous erysipelas. The skin was raised in large patches, and blood and serum were effused beneath. There were some ten or more sinuses in region of buttocks discharging a purulent serum. The patient grew more feeble, and was evidently failing. Three days afterward, at about midnight, he had an extensive hemorrhage; when physician reached the bedside the bleeding had ceased. He was pale and cold, complained of chilliness, and teeth were chattering. Under the buttocks was a large pool of blood, and the abdomen was swelled and painful. He seemed perfectly conscious that he was sinking, and died at six o'clock in the morning.

Autopsy.—External appearances. Abdomen tympanitic. Left leg much swelled by infiltration of serum, and had large gangrenous ulcer eight by four inches. Another ulcer extended over arch of left foot toward internal malleolus. A deep sinus existed near head of left fibula. On the right were two sinuses, one opening between great and second toes, and another more superficial near ankle joint. On right knee was an inflamed spot two inches in diameter, the skin was elevated by dark colored effusion beneath. A deep sinus opened between thumb and index finger of left hand, and another between ring and little finger of same hand. There was also one corresponding to this on the right hand. The sinuses opening in sacral and gluteal region, some ten in number, were found to communicate with each other, and formed a common abscess. Some of them were filled with thick yellow pus, and others with partly disorganized blood-clots.

Head.—Calvarium thin and soft; slight adhesion between dura mater and arachnoid; small amount of serous effusion under arachnoid; more abundant about medulla and base of brain. Brain tissue pale.

Thorax.—Small quantity of serum in pleuritic cavities. Lower lobe of left lung hepatized. Pericardial sac distended with about three ounces of a greenish fluid.

Heart.—Substance pale; right ventricle filled with frothy, watery blood; left ventricle empty; valves normal.

Abdomen.—Whole cavity distended with pus and serum, of a greenish color. Omentum firmly bound to intestines, and these to each other by adhesions. On attempting to remove the omentum, the intestines were torn through. The ileum was gangrenous near cæcal valve, and other portions of it were deeply congested and softened. Transverse colon highly inflamed; mesentery deeply congested, and the glands much enlarged and filled with cheesy material. Peyer's patches enlarged and ulcerated; pelvic cavity filled with a very offensive yellow pus; pancreas soft and of a yellow color; spleen contracted. Both kidneys were enlarged, and capsules easily detached.

Liver.—Convex surface covered with a thin layer of pus and lymph; tissue pale and fatty.

Microscopic examination of liver showed extensive fatty degeneration. In fresh specimens, treated with ether, fat was dissolved.

The tubuli-uriniferi were enlarged and contained either an entire cast, or a portion of one, and transverse sections showed them choked up with debris of epithelium. Connective tissue was granular, particularly about the Malpighian bodies. The pancreas was in a state of fatty degeneration.

CASE LVI.—Admitted July, 1873. Man, aged 57, widower, two children, intemperate, native of Ireland. Was a case of chronic mania, had been insane for an unknown length of time, and a year before admission had been declared so by a commission. Then had hallucinations of hearing, and was suspicious that persons had formed a scheme to take his life. Was sent to Ward's Island Asylum. After being there about two weeks, his wife finding him quiet and comfortable, took him home on a pass. He had been home about a week when he attacked his wife and daughter with a handsaw. He killed his wife, injured his daughter severely, and then tried to cut his own throat with a razor. This attempt was frus-

trated by his daughter, who called a policeman who took charge of him. He remained in the Tombs for some nine months; when on trial he was declared insane and sent to the Asylum. While here he continued quiet; always denied that his wife was dead, and asserted that "she would be to see him some fine day." Was indifferent, incoherent and foolish in speech. After about a year he was transferred to the Asylum for Insane Criminals.

CASE LVII.—Admitted May, 1873. Man, aged 38, married, butcher, Lutheran, intemperate, native of Germany. He committed the homicide in Chautauqua County, N. Y., where he appeared as a tramp, went from house to house begging food and lodgings. He applied at a farmer's house at breakfast time; at the suggestion of the wife the husband told him to split wood in the shed until they were through eating when he should be fed. The farmer went into the wood-shed with him, the patient felled him at once with a single blow with an axe. Death followed within a short time. He was arrested the same day, in May, 1873. The circumstances attending the murder, the utter indifference of the prisoner to his fate, and even to the preparations for defense, suggested the propriety of an examination into his mental condition. I was sent for by the District Attorney, to conduct such an examination. He was found to be insane and to entertain a variety of delusions, which affected especially his relations with others, asserted that his wife entered into other women, and that a little girl in the prison yard was his wife, that he owned all the whore houses in the world, and controlled their inmates, that he could do anything, as God had given him power, that he could not be killed by all the people in the world, that he hit a man with an axe but he was not dead but was in the air, that the man asked him to chop wood, and that no man had a right to ask him to do anything, that a voice told him he had a right to go to every place and ask for everything, and everybody must give it. He was filthy in his habits, washed his person in his urine, and said he kept himself clean in this way; he was incoherent in his ideas, was easily excited and as readily controlled. A commission appointed declared him insane, and he was sent to the Asylum, at Utica, while here he was quiet, indifferent, incoherent, careless in his habits, ate voraciously, occasionally manifested irritability, but was not violent. History subsequently obtained showed he had been insane a long time. After a few months he was transferred to the Asylum for Insane Criminals.

CASE LVIII.—Admitted January, 1875. Woman, married, two children, age 35, common education, drinks, native of Ireland, not hereditary. She had lived happily with her husband who was a laboring man, engaged in cleaning the street cars. He went early to his work and returned about seven o'clock for his breakfast. She was in the habit of drinking, taking mostly ale, and rarely if ever becoming intoxicated. For some nine years had been subject to attacks of epilepsy, occurring at irregular and infrequent intervals. The day before the homicide had moved, doing much of the lifting, and carrying up and down stairs of her furniture. On the morning she arose at six o'clock and went down stairs for fuel with which to make the fire. Her two children, a boy of six and a girl of four were asleep in the adjoining room. As she went up stairs with the wood in her arms, she felt one of her fainting fits coming on, and calling for assistance upon her neighbor hurried to her room. At this point her recollection of subsequent events ceased. It is in evidence before the commission, by the neighbor, that she went in and found the woman in an epileptic fit, but unfortunately went out before she recovered. At a little before seven a violent pounding was heard upon the inside of the door, accompanied by cries of help from the little boy saying, "Mamma is putting the baby upon the stove." The person aroused finding the door locked went into the hall and climbing up by the fire escape saw the mother holding her little girl upon the stove, and heard her say, "Take me off' the stove Mamma and I'll not tell Papa." The witness saw neither fire nor smoke. The father returned with his brother; he found the room filled with smoke and steam, and his wife standing by the stove trying to put a rimmer on. The central piece and the other two were afterward found at the bottom of the grate, covered with the wood and coal. She had such a dazed, vacant stare, that his first exclamation was "wife are you drunk?" She made no reply to this or any subsequent question. On looking for the children, he found the little girl in bed and she had on a clean night gown. She cried out piteously that her mother had burnt her on the stove. He took her up and found the night gown unsoiled by black or smoke. On raising this he found the short undershirt tinged a deep yellow hue, and that it emitted the smell of burning wood. The nates, posterior, aspect of the thighs and calves, and the soles of the feet were burned in varying degrees, from a destruction of the skin, to a roasting of the tissue, till it could be best compared to the rind of roasted pork. A physician was summoned. The mother continued

dazed and insensible, and to repeated questions from the brother-in-law, as to the meaning of what had transpired, replied, "I don't know, I feel sick." She went immediately to bed, and slept heavily till late in the forenoon, when she was aroused by the physician, and urged to get up. The child lived thirty-six hours, and though in the same room, the mother manifested no interest in its sufferings, took no notice of its cries, and had to be compelled, by command, to give it a drink of water. She did not speak unless spoken to; appeared listless and apathetic, and moved about as if asleep. She was indicted for the murder of her child, and her counsel, assigned by the Court, pleaded insanity as her sole answer. The Court then appointed a commission to report upon the fact of her mental sanity at the date of the offense. The conclusion of the Commissioners was that she had long suffered from epilepsy, that on the day of the homicide, November 20, 1874, she was attacked by a seizure, from the consequences of which she was not freed for the space of thirty-six hours; that while within the shadow of the epileptic circle she did not know the nature, nor intend the consequences of the act she was performing, by reason of mental aberration, the product of disease, and was in consequence within the intent and meaning of the statute, insane and irresponsible. The presiding justice, Josiah Sutherland, having approved the finding of the Commission, an order was made for her commitment to the Asylum, where she now is. I have condensed the preceding history from the report of the case, by Dr. John Ordronaux, State Commissioner in Lunacy, and one of the Commissioners, in the AMERICAN JOURNAL OF INSANITY, April, 1875.

This subject will be continued by the analysis and history of cases of attempts to commit homicide.

IN THE MATTER OF RICHARD BECKWITH— A LUNATIC.

LUNATIC, CONTRACT OF. COSTS—WHEN NOT ALLOWED IN PROCEEDINGS TO SUPERSEDE COMMISSION OF LUNACY.

Where an attorney was retained by a person who had been insane a number of years, to institute proceedings to supersede a commission of lunacy, and the attorney who had known the insane person for a long time and knew him to be insane, and his mental condition not improved, commenced proceedings without consultation with the committee of the lunatic or any member of his family, and the proceedings were unsuccessful. *Held* (1) that there was no contract for the services of the attorney which could be enforced against the lunatic's estate, such services not being for the benefit of the lunatic; and (2) that the court would not, as a matter of discretion, allow the attorney any sum whatever in payment for his services.

In such a case the question of granting or refusing costs rests in the sound discretion of the court, and they will not be granted unless the proceedings are for the benefit of the lunatic, and are instituted and prosecuted fairly and in good faith.*

Appeal by the committee of Richard Beckwith, a lunatic, from an order at the special term confirming the report of a referee.

Richard Beckwith had for many years been a successful merchant, and afterward an extensive farmer, owning a large dairy farm in Jefferson County, New York, was a member of the church, temperate in his habits, and the father of six children. By a decree of the Court, a second marriage had been declared void, having been contracted while he was insane. Three of his children had been insane; a grandchild subsequently died in the State Asylum, at Utica.

He was fifty-three years of age when first admitted to the Asylum, in September, 1842, and was then said to have been insane for more than a year, was fearful and suspicious, asserted he was to be arrested and thrown into prison, was inclined to wander from home, had become reduced in health, and was sleeping poorly.

* Supreme Court Reports, March, 1875.

He continued gloomy and despondent while in the Asylum, and expressed the delusion that a conspiracy existed to take possession of his property, and to imprison him permanently. He improved somewhat, and in May, 1845, was so discharged. In December, 1845, he was returned to the Asylum, in a depressed condition, was timid, fearful of injury; he had wandered from home, attempted suicide by hanging with a handkerchief, and had also threatened some members of his family. In July, 1846, he eloped from the Asylum, and on being brought back, after an absence of nine days, said he had been within ten miles of home, but feared to go to the house, lest they should kill him, had thought of coming back to the Asylum, but feared he might be killed for having gone away. In the spring of 1847, he began to talk about being hurt, and daily asked, "what is going to be done with me, shall I live through the day uninjured?" These fears he expressed for some months, and they seemed to control him. He improved, was quiet and contented, and in this condition was discharged in May, 1848. In December, 1850, he was returned, having been in a very comfortable condition in the interval, and having managed his business successfully. His insanity was marked by delusions of the same general character, as on previous occasions, that he was to be put to death, in the most cruel manner, that every day would be his last. He ate sparingly, from the delusion that he was accused of crime, and that eating was an acknowledgment of his guilt. He improved rapidly under treatment, and was again discharged in March, 1851, improved. He was re-admitted in May, 1854, in the same depressed condition as previously given, with a still wider range of delusions, most of them of a distressing character, even declining to shake hands lest he might injure others

by so doing. In June, 1855, a commission *de lunatico inquirendo* was issued; on the evidence of Dr. Gray, Superintendent of the Asylum and Dr. John B. Chapin, then assistant physician, and others, his insanity was established, and his son William was appointed committee of his person and estate by the Court.

He gradually passed from this state of depression, to one of quiet and exalted delusions, such as that he owned the State, and held direct communication with God, with other delusions hereafter given. He frequently went out on parole, attending church in the city, and visiting acquaintances, resident in Utica. In 1861 and 1862, he had at times, periods of excitement, when he was loquacious and disturbed. He became quite fleshy, so much so as to render locomotion difficult, in connection with a large hernia, from which he had long suffered. During all this period he was unwilling to write even his name, and though he often spoke of being released and going away, he had apprehensions of danger from persons outside, if he left the Institution. At the breaking out of the war in 1861, he claimed he had a controlling influence, and was commissioned by the Almighty to end it. He frequently spoke of delusions in regard to women, and of being married, as subsequently detailed. This was substantially his condition up to the time proceedings were commenced, he was in a comfortable state of general health for a man of his years, was on the convalescent ward, amused himself much in playing checkers, had all the liberty he desired in going about the grounds, and to the city, attending religious services, church picnics, &c. During the whole period he manifested no interest in any of his business affairs, and never alluded to them, and though often urged to visit his home by his family, and the officers of the Institu-

tion, he either declined, or made some excuse for not doing so.

Toward the last of February, 1871, Mr. Beckwith told Dr. Gray with much agitation of manner, that he, Beckwith, "was a dead man," that Mr. Carter, of Utica, got him to swear to a paper he knew nothing of, and as soon as he signed the cross on it, he felt himself struck with death; that he violated a Bible law; that he was going to be turned out, castrated and cut up; begged him to stop Carter from having him killed that night; that if Dr. Gray would shake hands, it might save him; said Carter got him four times at his office, before he signed the paper, that he then brought a man in, with a short frock on, a kind of jockey man, whom he called a justice of the peace, to swear him, and Carter said he would expect him, Beckwith, to pay him for this, but he made no promise to do so. Dr. Gray advised him not to worry about it, as he must be mistaken about signing or swearing to anything. Mr. Beckwith said it was true, and he would find it out too late, that he was a dead man. A letter received within a few days from Mr. William Beckwith, the son and committee, conveyed the information that Mr. George C. Carter, a lawyer in the city of Utica proposed to undertake, by legal process, the removal of the committee, and restoration to Mr. Beckwith of his personal liberty, and of the care of his property, and confirmed the patient's statements to Dr. Gray. Dr. A. O. Kellogg, an assistant physician, and Mr. H. N. Dryer, the Steward, called upon Mr. Carter, and informed him fully of Mr. Beckwith's condition. He was also urged by the son and committee to come up to the Asylum, and learn of his father's condition from the physicians here. This he did not do, but commenced proceedings, based upon the petition of Richard Beckwith, praying for the suspension of the inquisition, on the ground of

his being of sound mind and understanding, and entirely competent to manage his own affairs and business. This was further sustained by the affidavits of Dr. Warren E. Day, of Utica, of Martha L. Whitcher, of Whitestown, and of DeWitt G. Ray, of Utica. These persons had but a casual acquaintance with the patient, having met him occasionally and for short periods. Much stress was laid in these affidavits, upon the fact that he was allowed the liberty of attending church, and of visiting his acquaintances in the city unattended. The motion before the Court for superseding the committee, was opposed by the affidavits of Dr. Gray, the Superintendent, and the assistant physicians of the Asylum, testifying not only to his present condition of insanity, but also to the probability of his being incurable. The Court, Hon. Henry A. Foster, presiding, ordered that the petition be referred to O. S. Williams, Esq., of Clinton, Oneida County, New York, to inquire and report whether said Richard Beckwith was of sound mind and memory, and capable of the management of himself and his affairs, and whether the commission heretofore issued against the said Beckwith, may, with propriety be suspended.

An order was subsequently granted by the Court giving the petitioner authority to present additional affidavits; within the allotted time nine others were furnished; while the reference was pending, application was made to Dr. Gray for permission to have physicians examine the patient, with a view of giving expert testimony in the case. Dr. William A. Hammond was hired by the counsel for the petitioner to come to Utica to examine Mr. Beckwith, under a stipulation of receiving \$400 for his services. He was denied admission unless under an order of the Court. Application was then made at the Special Term for an order to

allow physicians to see the petitioner and for his removal from the Asylum, and for placing him under the medical care of Dr. L. A. Tourtellot, of Utica who had furnished an affidavit to the effect that the patient might be safely removed from the Asylum pending the action of the referee. This motion was opposed by the affidavits of Dr. Gray, and of the assistant physicians in the Asylum, and some members of the patient's family, setting forth the enfeebled and disturbed condition, and unhappy delusions which had characterized his case since the beginning of the proceedings by Carter. We append the affidavit of his son and committee, Rev. William Beckwith, as fully exhibiting his past and present condition.

LEWIS COUNTY, ss.:

William W. Beckwith, of the City of Albany, State of New York, being duly sworn, says he is forty years of age and the son of Richard Beckwith an inmate of the Utica Asylum, that he has been with said Richard from time to time during the past seventeen years, and has conversed freely with him for the purpose of determining whether his mental condition was such as would make it safe or prudent to remove said Beckwith from the Asylum. During the past seventeen years said Richard has been in a comfortable condition of mind, and impressed with the idea that he was the possessor of the State of New York, and that he was only waiting for a fit time to take possession of it for his own benefit. From year to year this deponent has inquired of said Richard whether he would come with said William, to which request he has without exception refused, saying "I am not yet ready," "I must go right when I go," and always conveying the idea that he had a great work to accomplish before he could leave the Asylum. Said Richard has for years past labored under the delusion that God was to use him in revolutionizing the world, and that he has been prevented from exercising the divine power in consequence of being an inmate of the Asylum: said deponent has been conversant with the mental condition of said Beckwith during the entire period of his insanity, which has assumed different forms or phases. At times previous to his last attack in 1854, said Richard,

through fear of bodily harm being done him, has given his family cause to fear he would take his own life, and was once prevented from doing so by the timely discovery of his daughter Harriet. Said Beckwith is now laboring under the same fears and delusions, and were he to be placed under the care of strangers, this deponent would be apprehensive lest said Richard would again attempt self destruction, for he often says death would be preferable to the sufferings which he now endures. This deponent is charged by the Supreme Court of the State of New York with the care of said Richard and his property, and in the exercise of that trust, has at times past directed Dr. John P. Gray, under whose immediate care said Richard has been for the past seventeen years (to the entire satisfaction of every member of the family) to supply said Richard with as much money as would contribute to his comfort or pleasure, and to grant said Beckwith all the liberty consistent with his welfare and happiness. Said deponent is assured by said Beckwith and from what he has himself seen, that his wishes and instructions have at all times been carried out in a manner which places the family of said Richard under lasting obligations, not only to Dr. J. P. Gray, but to the other physicians, officers and attendants of the Asylum whose province it is to care for and supply the wants of said Beckwith. On the second day of May, this deponent received a telegram from Dr. J. P. Gray, requesting him to come to Utica to see his father whom he found in a very much worse condition than he had been in since his last admission in 1854. The said Richard feared he was to be tortured in the most cruel manner, his tongue was to be cut out, the marrow bored from his bones, his face skinned, &c., &c.; this deponent has seen said Beckwith upon five different days since, and at each time under the same painful circumstances. As to the cause which produced this unhappy change, this deponent cares not to speak, but asks the protection of the Court in behalf of a suffering man, whose years number four score, and whose death the members of the family fear is being precipitated by the excitement and surprise, incidental to the action taken. This deponent further states that upon receiving information from one George C. Carter, of his intention to make application to the Supreme Court, at Watertown, Jefferson County, on the twenty-first day of March last, for the discharge of said Beckwith from the Asylum, he, this deponent invited said Carter to call upon Dr. Gray for the facts with reference to his father's condition, to which request said Carter paid no other attention than to acknowledge the receipt of said letter in

one sent in answer to a subsequent letter written by said deponent. Said Richard formerly wrote a very plain hand but now signs with a cross.

WILLIAM W. BECKWITH.

Subscribed and sworn to, before me, this 13th day May, 1871, at the City of Albany, State of New York.

J. A. McKOWN,

Commissioner of deeds in and for the City of Albany.

The motion to examine was allowed, and an order granted by the Court that Drs. M. M. Bagg, Alonzo Churchill, and L. A. Tourtellot and also the counsel, George C. Carter, be permitted to visit and converse with said Richard Beckwith, and that he be produced before O. S. Williams, Esq., the referee, at the time and place appointed for the reference. This took place in the City of Utica, on the first of June, 1871. Several witnesses were sworn who testified to acquaintance with the patient, and to short conversations with him, especially when coming from church, or during brief calls upon him at the Asylum, or occasional visits from him, in which they detected no evidences of insanity, though some of them admitted, on cross examination, that he did not seem exactly right, especially on the subject of matrimony. No witnesses appeared on the part of the committee, but Dr. Walter Kempster, one of the assistants, was called by Carter, and testified as follows:

I reside in the city, and have for four years and one month, and am one of the assistant physicians at the Asylum; I am acquainted with Mr. Beckwith, and have been ever since I went to Asylum; I have charge of hall where he is; have had charge of that hall before; but for the last time since January last, and since that date have occasionally administered medicine to him; have done so continually since February last; I made an affidavit stating I had administered medicine to him.

Carter. This witness is called because we could not obtain the affidavit used in motion in Lewis County.

Spriggs. Explains as to affidavits, and they are produced in Court.

Witness. I am third assistant physician; the remedies administered to Mr. Beckwith since February, were stimulants and anodynes, and before that time the same remedies occasionally.

Cross examined. In general terms, Mr. Beckwith is in a state of chronic insanity, very restless, disturbed, and wholly controlled by delusions; he has a delusion as to his personal power, and claims to be the agent of God Almighty on earth; that he has by this means obtained possession of the State of New York; that by permission of the Lord, he did it in this way; a man by the name of Palmer brought portions of property and placed them on the well curb at the Asylum; these portions representing titles of property in the State of New York; that he won these bits of property on the well curb, and consequently won the entire State, and that it rightfully belonged to him now; he still has the delusion, that in 1861, by looking through a horse collar lined with red, he saw that the rebellion was coming, and foretold its consequences, and that if he had been permitted to go to Washington, at the time, he could have brought it to an end; he proposed to go to Washington and take command of four companies of heavy artillery; God was to be the ruler, the Bible the Law, and he the administrator; he proposed by means of these companies to drive the enemy out of the world, and to combine all nations into one Government, he being the administrator, and when a rebellion broke out anywhere, to take three or four nations and put it down. In going to Washington he proposed to

have a body guard of eighteen young ladies, dressed in white, who were to wait on him, and obey his orders; Dr. Gray refusing to allow him to go was responsible for the rebellion and loss of life. He still maintains he has communication with God Almighty, and that he told him to make an offer of marriage to a woman named — ; that he did not want to marry this girl, but one Sunday he was surrounded by a bright light and taken hold of by an unseen arm and pushed into the cheese house, where the Lord put words into his mouth to address this lady; he knew God had done this, because one day he was met by a man who told him if this was so, he had better marry her, because she could do him so much good, and he knew by that, that the Lord had raised up witnesses to testify in his behalf; he told this girl he never had such feelings in his life, and that he would not take his big barn full of solid gold for her. Said he did not want to marry her, but God told him to do so.

A recess was then taken, when Dr. Kempster continued his testimony, giving substantially the conversation which patient repeated to Dr. Gray, already given in full. His delusions of fear, which controlled him since the proceedings began, were detailed, "that he was to be cut into strips the width of the stripes on his settee, that he refused to open his mouth from fear his tongue would be pulled out by Carter, who had got the locomotives to scream at night to scream him to death, and also feared those who conversed with him, and asked to be protected from them. If the furniture of his room was moved it was to prepare it for some one after his death, or if the sheets on his bed were changed it was for the purpose of laying him out."

In answer to the question whether in his opinion the patient was capable of taking care of himself and of his property, the Doctor replied in the negative, and in support of his opinion narrated the occurrence of the patient having promised him a deed of his farm, if he, Dr. Kempster would protect him through the following night. He says: "I asked him if he would sign a paper to that effect, and he said he would, and I took out a card, and he wrote his name on it, and said I might fill it up with anything I pleased. His health is poor, he is feverish, has urinary difficulties, and sometimes refuses to eat: I have fears that he would do violence to himself if left to himself; as we were cleaning his room a few days since, he found an old knife which he seized hurriedly and drew across his throat. I took it from him and asked him why he did that. He said he had better do that than be cut up, castrated, &c. Previous to the legal proceedings I never knew him to threaten any violence to himself." The testimony of Dr. Kempster was given at greater length than we have here quoted, and contained other facts of the same general character.

Mr. Richard Beckwith was then produced in Court, and reiterated many of the delusions already mentioned, in answer to the referee, and the physicians who had been appointed to examine him. They were also sworn; Drs. Bagg and Churchill testified to his insanity, and gave their unqualified opinion that he should be retained at the Asylum. Dr. Tourtellot testified to his insanity, to his enfeebled condition, and to his inability to manage his own affairs, but said further; "I think the proper place for him is in a private family, and he can be as well cared for and better, and so the profession and my books hold the rule to be; a large number of insane persons assembled together tends to produce

excitement with the patient." The referee, O. S. Williams, Esq., returned the evidence, with his opinion, that Beckwith was insane, and that he ought not to be set at liberty. The report was confirmed and the motion denied.

Carter applied to the Court to compel the committee to render an account, none having been rendered since his appointment, and also to compel him to acknowledge that he held in trust, a house and lot which he had purchased for the use of the family, in Watertown, and the title to which he took in his own name. These orders were granted and an account rendered, and the existence of the trust admitted.

After these proceedings were concluded, Carter applied to the Court for an order requiring the committee of Beckwith to pay him for his services and expenses amounting by his bill to \$2,083.63.

We present the account as rendered, with the sum of the smaller items, for serving papers, paying witnesses, &c. It is an interesting document, as it shows the imposition attempted to be practiced on the lunatic, and also a motive which may possibly have influenced the lawyer in his action in the case.

SUPREME COURT.—COUNTY OF JEFFERSON.

IN THE MATTER OF
RICHARD BECKWITH,
A LUNATIC.

} *Bill of Costs.*

Amount of services of George C. Carter, attorney for petitioner, in proceedings to supersede the commission and to examine into the affairs of the estate of said Richard Beckwith, and for examining into the sanity of mind, and the matters and affairs of the above named Richard Beckwith, and hunting up witnesses and correspondence in the above matter, and draughting papers in

said matter, and attendance at Special Term, at Watertown, in March, 1871, gone three days, attending May Special Term, at Lowville, in 1871, two days, attending August Special Term, at Herkimer, in 1871, two days, visiting said Richard Beckwith, with physicians at Lunatic Asylum, attending reference before Hon. O. S. Williams, three days, procuring affidavits for motions, subpoenaing witnesses for reference, and seeking and procuring medical experts to see and examine said Beckwith, examining into the accounts, and inventory of committee for seventeen years and three months, filed by order of the Court, on or about the 30th day of September, 1871, which said order was granted by said Court, on the 24th day of August, 1871, at Herkimer.

For counsel fees, and for counsel and service of Messrs. Adams & Swan,.....	\$1,500 00
Additional allowance for Dr. William A. Ham ^{mond's} service,	400 00
Amount for Dr. Louis A. Tourtelott's bill, rendered,	50 00
	<hr/>
	\$1,950 00
Disbursements as per statements below,.....	133 63
	<hr/>
Total amounts and disbursements,.....	\$2,083 63

The Court made an order referring it to Judge Mason, to inquire and report what sum should be allowed to Carter for his services, with the evidence taken by him, and his opinion thereon. The referee heard the proofs and allegations of the parties, and reported that Carter ought to be allowed \$858.63. Exceptions were taken to the report, which were overruled, and it was confirmed, and from the order overruling the exceptions, and confirming the report, this appeal is taken by the committee. Carter was allowed some \$95, for services in proceedings to compel the committee to account, and to acknowledge that he held the title to the house in Watertown in which the family of said Beckwith resided. This sum the committee paid. Upon this appeal of the committee, from the report of the referee, regarding the allowance to Carter, the following decision was rendered by the Court.

Present;

Judges Mullin, E. Darwin Smith, and J. J. Gilbert.

Decision rendered by

Mullin, P. J.

A contract with a person not known to be of unsound mind, and who has not been found, upon a commission *de lunatico inquirendo*, to be insane, may be sustained if it shall be proved to have been fairly made, and without advantage being taken of the lunatic.* But neither money advanced nor compensation for services can be recovered against a lunatic, if the circumstances were such as to put the party upon inquiry, as to his mental condition, by the reasonable pursuit of which his unsoundness of mind might have been discovered.†

It was held ‡ that after inquest, and the appointment of a committee, all contracts by the lunatic are absolutely void.§ These propositions are subject to this modification, that the law will imply a contract on the part of the lunatic, to pay for necessaries for the support of himself and his family. The case that has gone the furthest of any that I can find, in holding the estate of the lunatic bound by contract for services, is *Wentworth v. Tubb*.|| In that case the lunatic had employed a solicitor, to traverse an inquisition of lunacy, and he was unsuccessful. He applied to the vice-chancellor, for an order, directing the payment of his costs out of the estate. The application was allowed, the vice-chancellor saying, although allowed in that case, yet, “if anything fraudulent or unfair—or perhaps I may go so far as to say frivolous or litigious—appears to have taken place on the part of the solicitor, the Court may say that no debt arises.”

* 2 Kent's Com. 451, and note 1. † 2 Kent's Com. 451, note. Lincoln v. Buckmaster, 32 Vt. 652. ‡ Fitzhugh v. Wilcox, (12 Barb. 235.) § Wadsworth v. Sherman, 14 Barb. 169. || 2 Younge & Coll. 537, 21 Eng. Ch. 537.

Carter says he was retained by Beckwith, and by no one else. He neither consulted with the committee, nor any member of his, (Beckwith's) family. They knew his condition, and could have informed him whether it was either wise or safe to set him at liberty. Dr. Gray, or any of the physicians or attendants in the Asylum, could have disclosed to him Beckwith's mental and bodily condition, and the prospect, if any, of his restoration to health. No one was consulted, nor any effort whatever made to learn the truth in regard to Beckwith's condition, before an expensive, tedious, and to the children and friends of the family, painful litigation was begun. Carter had lived neighbor to Beckwith, knew he had been insane for years, and that it was necessary to send him to the Asylum. He saw him repeatedly, after he, (Carter,) removed to Utica, and could not but know from his conversation that his mental condition was not improved.

He, (Carter,) admitted to Dr. Gray, after proceedings were instituted, that he knew Beckwith was insane, but justified his conduct because he thought he might be set at liberty, and permitted to enjoy his property, and ought not to be longer detained. With this knowledge, it was shameful to act upon the retainer of Beckwith; it was a fraud upon his family, a fraud upon the Court, and a prostitution of the forms of law for his own personal, pecuniary benefit, without a single chance of benefit to the client. Knowing Beckwith to be hopelessly insane, he induced professional and non-professional persons to swear that he, (Beckwith) was in their opinion, of sound mind and capable of managing his own affairs. These persons had only a very slight acquaintance with Beckwith, had never seen him when laboring under one of his delusions, and, honestly, I have no doubt, believed him to be sane.

Carter knew better, and he presented their affidavits to the Court as being true, when he knew they were not.

When the fact was disclosed to the Court, that it had been so shamefully imposed upon, it owed it to itself, to the public, and especially to the unfortunate subject of the litigation and his family, to punish the person who did it. If such conduct is permitted to go unpunished, no insane person, no idiot, no infant who has property is safe. There are, and always will be, men hanging on to the skirts of the profession, ready and willing to take advantage of the affliction that God in his providence has laid upon the idiot and lunatic, to seize upon and appropriate their property to their own use, regardless alike of the laws of God and man, and of all sympathy for those who are deprived by their villainy of bread to eat and clothes to wear.

There was no contract for the services of Carter which can be charged on his estate, but if there was, the Court will not enforce it, because the services were not for the benefit of the lunatic, and Carter was guilty of fraud, as well in procuring the employment, as in the conduct of the proceedings.

It remains to inquire whether the Court will, in the exercise of its discretion, direct the payment of any sum whatever to Carter, as compensation for his services?

*In the Matter of Catharine Cumminy,** it was held that it was a matter of right for a person found to be a lunatic, upon commission, to traverse the finding, but the Court would nevertheless exercise control over the matter, for the protection of the lunatic and his estate, and would satisfy itself that the proceeding was *in good faith*, and that the lunatic, when

* 50 Eng. Ch., 537.

he seeks to traverse the finding, *is competent to judge of what he is doing, and is really desirous that the traverse shall issue.*

This rule applies to applications by the lunatic to supersede the commission, as well as to applications for leave to traverse it. And had such an investigation been had in this case, this litigation might have been prevented. It must not be inferred from these remarks, that I intend to cast any reflection upon the action of my brethren who have taken part in these proceedings. The papers accompanying the petition were sufficient to disarm suspicion, and to induce the Court to order a reference to ascertain the actual condition of Beckwith. It was not the fault of the Court that counsel deceived it, and imposed upon it affidavits as true, which he knew were untrue, although not known to be so by those who made them. A personal examination in conformity to the English practice, would have enabled the Court to detect the imposition and thus quash the proceedings at the very outset.

Costs are not granted against a person who institutes proceedings to declare a person a lunatic and fails in them, if the prosecution has been in good faith.* The same rule is applied when the attorney of the lunatic fails in an application to traverse or supersede the commission.† Indeed, the question of granting or refusing costs rests in the sound discretion of the Court and they will not be granted unless the proceedings are for the benefit of the lunatic, and are instituted and prosecuted fairly and in good faith.‡

In Re Conklin,§ a solicitor appeared for Conklin, against whom proceedings had been commenced to

* Brower v. Fisher, 4 Johns. Ch. 441. † In Re Folger, 4 Johns. Ch. 169.

‡ In Re McLean, 6 Johns. Ch. 440; In Re Tracy, 1 Paige, 580; In Re Van Cott, 1 id. 489.

§ Eight Paige, 450.

declare him to be a person of unsound mind, to oppose the same, but Conklin was found to be a lunatic at the time of the retainer of the solicitor. The solicitor applied to the Court for an order directing the committee to pay him his costs incurred in such proceeding. The chancellor held the solicitor entitled to his taxable costs. He says; "As the person against whom the commission issued has been found to be a lunatic at the time of the retainer of the petitioner, the latter has no claim against the estate on the ground of contract, as he is not a creditor of the lunatic, who was incompetent to make a valid contract to pay him for opposing the commission. And, as a general rule, the Court will not allow the costs of an unsuccessful opposition, as the party who is really a lunatic is not benefited thereby. This Court may, however, in its discretion, allow costs for opposing the commission, when the fact of the lunacy is so much in doubt, that the chancellor would have directed and sanctioned such opposition if an application had been made to him in the first instance. In this case it appears from the petition that there were reasonable grounds for believing that the party proceeded against was not a lunatic; and the committee do not appear to oppose this application, as it was their duty to do if they believed the allegations in the petition to be incorrect."

In no view of the case is the attorney entitled to costs; on the contrary he should be compelled to pay the costs and expenses which the committee has been put to by reason of this most unjustifiable and unnecessary proceeding. It is only by inflicting severe punishment upon attorneys who use the Courts of Justice to strip their clients who are incapable of protecting themselves, that they and their families can be protected against forays upon their property.

It may be said that the order of the Court referring it to Judge Mason to inquire and report what sum should be allowed Carter for his services, was virtually an exercise of the discretion of the Court, and an allowance to the attorney of the costs of the proceedings. If the order of reference could be held to have the effect of allowing the attorney costs, it should be satisfied, in view of the facts disclosed in this case, by allowing him six cents, and no more, the amount resting entirely in our discretion in reviewing the order of confirmation. But if the order is to be held to allow the attorney costs, it was improvidently granted, being in violation of the long settled practice of the Court in such cases. Courtesy should not constrain us to impose upon the estate of the lunatic so oppressive and unjust a burden, as the allowance of the sum awarded by the referee would be. In making this disposition of the case, we are not to be understood as reflecting in the slightest degree on the action of the referee. He was not at liberty to inquire into the character of the proceedings, or the motives that prompted the attorney to action. He was to inquire what the services rendered were worth, assuming them to be honest and fair, and we have no reason to find fault with the amount he has awarded to the attorney, if he is equitably entitled to anything, which he is not.

Exceptions to the report of the referee are allowed, and the order of confirmation reversed, with ten dollars costs to be paid by Carter to the committee or his attorney; and the motion for confirmation is denied, and the order of reference vacated.

Ordered accordingly.

This decision is reprinted from the Supreme Court Reports for March, 1875. Marcus T. Hun, Reporter.

Richard Beckwith died in January, 1875. An appeal, however, was taken by Carter to the Court of Appeals of the State of New York. We have in this case the anomaly of a lawyer entering a suit in behalf of a lunatic, and taking an appeal, when his client, before, dead in law, now, no longer has an existence either in law or in fact.

BIBLIOGRAPHICAL.

REPORTS OF AMERICAN ASYLUMS FOR 1874.

MAINE. *Report of the Maine Insane Hospital*: 1874. Dr. H. M. HARLOW.

There were in the Hospital, at date of last report, 411 patients. Admitted since, 189. Total, 600. Discharged recovered, 61. Improved, 33. Unimproved, 61. Died, 52. Total, 207. Remaining under treatment, 393.

Dr. Harlow reports several changes in his staff of officers during the year. The position of second assistant physician, which had been occupied for a year by Dr. Maria A. Meservey, was made vacant in April last. The Steward and Treasurer, and also the Matron resigned their places, which have been satisfactorily filled. The new chapel, which was recently erected, has been occupied, from the pressing demand for room, as wards for patients. It is to be regretted that in an institution of this size, no proper accommodation has yet been made for a place of assembly for patients for religious services. In the report of the chaplain, the pressing need for such a building, and its advantages, are set forth. He states that a room formerly used as a dining hall, whose utmost capacity is for only one hundred people is still occupied for the purpose, and that the lack of room deprives many who would otherwise attend service, of this privilege.

The act passed by the last Legislature, changes materially the organic law of the Hospital. By this act, the trustees may appoint, subject to the approval of the Governor and Council, the Superintendent, Steward

and Treasurer, but they can not remove either of these officers. This is an anomaly, that the same power that appoints can not also remove the subjects of its own creation. The Doctor gives his views in brief, regarding the subject of insanity, its causation and pathology, recounts the wants of the Institution, and gives the changes and improvements in the buildings and grounds during the year.

MASSACHUSETTS. *Forty-Second Annual Report of the State Lunatic Hospital at Worcester: 1874.* Dr. B. D. EASTMAN.

There were in the Hospital, at date of last report, 469 patients. Admitted since, 400. Total, 869. Discharged recovered, 71. Improved, 137. Unimproved, 101. Died, 75. Total, 384. Remaining under treatment, 485.

Dr. Eastman reports the settlement of the question which has been agitated in the State of Massachusetts, regarding the care of "insane criminals," and of the homicidal insane, who have not been convicted of crime.

The Legislature of 1874 passed the following act.

SEC. 1. The commissioners having in charge the construction of the State Prison, at Concord, shall make provision therein for insane criminals.

SEC. 2. The commissioners having in charge the construction of the Lunatic Asylums at Worcester and Danvers, shall make provision therein for the safe custody and treatment of the homicidal insane, not included in the first Section of this Act.

The law is somewhat indefinite in its use of terms, but the Doctor states that by insane criminals is understood insane convicts. This broad and absolute distinction will hardly relieve the hospitals much. There are cases, which though legally placed in the second class, it might be desirable should be sent at once to the Prison Asylum.

Discretionary power confided to the committing authority, would have provided for such exigencies. This may be engrafted on the law at some future period. This same question has been under discussion in the State of Pennsylvania, and will, we hope, be decided as favorably to the best interest of the insane in asylums, and to the safety of society, as regards the custody of the criminal insane class, as has been done in the State of New York.

Work upon the new building has been continued, and one wing, that is, the wards for one sex, was under roof last fall. The structure is of stone from the Asylum quarry, relieved by ornamentation with New Hampshire granite. The number of deaths is unusually large, seventy-five being recorded. This is accounted for by the unfavorable and hopeless character of many cases on admission. Twenty-three died within twenty days after their reception.

MASSACHUSETTS. *Nineteenth Annual Report of the State Lunatic Hospital at Northampton:* 1874. Dr. PLINY EARLE.

There were in the Hospital, at date of last report, 433 patients. Admitted since, 193. Total, 626. Discharged recovered, 37. Improved, 43. Unimproved, 45. Died, 25. Total, 150. Remaining under treatment, 476.

After commenting upon the admissions, largely transfers from other Institutions, and upon the changes of the mode of support, from private to public charge, Dr. Earle expresses his view regarding inebriates and inebriety. He states that four of the recoveries of the year were of that class, and that the only title to be thus classified, was the fact that they had recovered from their intoxication. The reason that they were not placed in the list of "not insane," was that by so doing he

might seem to impugn the judgment of their physicians and committing authority, in other words he surrenders his own opinion to avoid the imputation of a want of becoming modesty. He speaks of the difficulty of caring for them among the insane, and says that "of but too large a proportion of them it may be averred, that they are the pests of the hospital; the poison sheep that 'infect the flock and poison all the rest.'" After giving them such an unenviable reputation as a class, he speaks of the noble exceptions of "warm hearts and kindly feelings and tender sensibilities" which exist in some of them, and again returns to the attack. This time it is the uselessness of treatment, from the instability of purpose, and of will, which affect both the patient and the friends and the certainty with which they return to their evil habits, and he states :

"That of all who have been discharged during my connection with the Hospital, the number who have subsequently wholly abstained from intoxicating drinks, could be readily counted upon the fingers of one hand, with the thumb and perhaps a finger or two to spare."

He closes with the conclusion that Massachusetts should have a State Institution for Inebriates. From the Doctor's showing we think but little argument could be drawn in favor of such an institution, but the strongest argument is presented in his own favor, that no inebriate should be sent to the Hospitals for the Insane, *at least to this one.*

The employment and entertainment of patients is treated of at length, and the usual tables are presented. The total number of days in which patients have been actually engaged in some of the various departments, is 15,802, which is a large exhibit, much larger than institutions which receive a greater proportion of acute cases, can with justice to the patients, show.

In the number of entertainments, or rather assemblages of patients, this institution bears off the palm. It is a matter of congratulation that only twenty-one days of the year passed without some general congregating of the patients. Of these, thirteen were days of the meeting of the Board, one, the day of the Governor's visit, and one, when owing to the deluge from the giving way of the dam of the Williamsburg Reservoir, their supply of gas was stopped. This leaves but six days without some reasonable excuse.

Of all the different modes of entertainment, the preference is given to reading, sandwiched between music. "That is the intellectual meat and bread. Other things are necessary, as the side dishes, the condiments, the pastry and the fruit of the mental feast; but the mind is not substantially nourished by them alone."

"Art and Ornament." Under this heading is described all the pictures which adorn the walls of the Hospital. There are 1,308 in number, and are of all kinds and subjects, of all sizes and shapes, and are enclosed in all varieties of frames.

The Doctor presents his view of institutions, present and prospective, for disorders affecting the mind. After speaking of the heterogeneous character of the patients now admitted to Hospitals for the Insane, he recommends the establishment of an institution for epileptics, and another for inebrates. He disapproves of the erection of large hospitals for the accomodation of 500 or more of the insane, and argues in favor of smaller institutions, say for 250 patients, that those should be placed about the State in localities to meet the convenience of the population. He considers the idea of Asylums for Incurables as exploded, and attacks the principle upon which the State receptacle at Tewksbury was established, characterizing it an "advance in a retrograde

direction." He closes his report with a reference to the fact that ten years have passed since he first entered upon his duties as Superintendent of the Northampton Asylum, and gives a short financial history of the Institution during that period, which is highly creditable to the economical administration of affairs.

MASSACHUSETTS. *Twenty-First Annual Report of the State Lunatic Asylum at Taunton: 1875.* Dr. W. W. GODDING.

There were in the Hospital, at date of last report, 434 patients. Admitted since, 455. Total, 889. Discharged recovered, 93. Improved, 162. Unimproved, 59. Died, 67. Total, 381. Remaining under treatment, 508.

There has been a large number of patients admitted to, and discharged from the Asylum, involving an amount of labor, not adequately expressed in the figures of the daily average. The success of the Institution, during the year, has been satisfactory; suffering has been relieved, recoveries have followed well directed efforts.

A somewhat extended description is given of the new buildings which have been erected during the year, one of which is already occupied. From this we conclude that they are pleasant and comfortable, and have been built with special reference to durability, and adaptation to the needs of a Hospital for the Insane, and in these qualities there is the best claim to beauty and correct judgment in any building. We can not enumerate the improvements and repairs which have been carried out or are projected; they are many, and such as will add to the efficiency of the Institution.

MASSACHUSETTS. *Fifty-Seventh Annual Report of the McLean Asylum for the Insane: 1874.* Dr. GEORGE F. JELLY.

There were in the Asylum, at date of last report, 161 patients. Admitted since, 75. Total, 236. Discharged recovered, 20. Improved, 34. Unimproved, 24. Died, 10. Total, 88. Remaining under treatment, 148.

RHODE ISLAND. *Report of the Butler Hospital for the Insane: 1874.* Dr. JOHN W. SAWYER.

There were in the Hospital, at date of last report, 129 patients. Admitted since, 105. Total, 234. Discharged recovered, 41. Improved, 35. Unimproved, 16. Died, 15. Total, 107. Remaining under treatment, 127.

"Two important improvements distinguish the past year, in the annals of the Hospital; one, the commencement and partial completion of the David Duncan ward; the other, the introduction, for fire purposes and general use, of Pawtuxet water from the Providence water works."

Mr. Alexander Duncan had promised to contribute \$30,000, toward building the new ward referred to, with the provision that a like sum should be raised by subscription. Owing to the financial embarrassments of the past year, this effort was not successful. He, however, waiving the conditions, authorized the beginning of the work. The expenses of patients has averaged \$7.83 per week, and aside from a deficiency of less than \$1,000 has been met by the receipts from patients. Thirty-one patients received pecuniary aid from various sources.

The trustees report the death of two of their number, of John C. Brown who had been the President of the Corporation since 1867, and a member since the date of organization in 1844; and of John Kingsbury, who had held the position for eighteen years.

CONNECTICUT. *Fifty-first Annual Report of the Retreat for the Insane*: 1874. Dr. HENRY P. STEARNS.

There were in the Retreat, at date of last report, 121 patients. Admitted since, 78. Total, 199. Discharged recovered, 31. Improved, 12. Unimproved, 14. Died, 12. Total, 69. Remaining under treatment, 130.

Dr. Stearns recommends the erection of one or more cottages upon the Asylum grounds, for the accommodation of six or eight persons, especially for some of the chronic class, who are able to be trusted with, and enjoy more liberty than can be allowed consistently with the discipline of the Asylum wards. In support of this recommendation he refers to the successful use of such structures, at the McLean Asylum, and also at Cheadle, near Manchester, England, where the same class of patients are received, as at the Retreat. It is with the more opulent class who are able to bear the additional expense of such accommodations, that we should expect the most successful results. The building of the memorial chapel, toward the erection of which, the late Dr. Russell donated \$10,000, has been contracted for, and the work has already been commenced. It is hoped that it may be completed by September next.

CONNECTICUT. *Ninth Annual Report of the Connecticut Hospital for the Insane*: 1874. Dr. A. M. SHEW.

There were in the Asylum, at date of last report, 395 patients. Admitted since, 210. Total, 605. Discharged recovered, 41. Improved, 44. Unimproved, 34. Died, 36. Total, 155. Remaining under treatment, 450.

The new wing for male patients, opened in January, 1874, was completely filled in February last, after thirteen months. Both divisions of the Hospital are

now fully occupied with patients, and all applicants are obliged to wait their turn in order, for vacancies to occur, or apply elsewhere for admission. The report is made by Dr. W. B. Hallock, during the temporary absence of the Superintendent, Dr. Shew, in California.

NEW YORK. *Thirty-Second Annual Report of the State Lunatic Asylum:* 1874. Dr. JOHN P. GRAY.

There were in the Asylum, at date of last report, 580 patients. Admitted since, 368. Total, 948. Discharged recovered, 123. Improved, 53. Unimproved, 138. Not insane, 14. Died, 48. Total, 376. Remaining under treatment, 572.

One of the most interesting features in the report, is the consolidated table of causation, so far as could be ascertained, in the 11,399 cases admitted to the Asylum. In this table is exhibited the progress of scientific opinion and observation toward the theory of insanity, based upon pathologic changes in the physical organism. During the past eight years all the cases have been so classified, and we have the statement that continued experience not only confirms the truth of this position, but also, that in all cases, *post-mortem* examination will reveal "organic lesions, changes in the condition of the vessels or structures of the brain or its membranes." He discards the term, functional disease as a "phantom of the mind" as it has been designated by Winslow. A short history is given of the pathological investigation pursued for a few years past at the Asylum. The usual history of cases is continued. The report closes with some remarks upon hygiene, of interest, as showing the causes of the decline in health which too often terminates in an attack of insanity.

NEW YORK. *Sixth Annual Report of the Willard Asylum: 1874.*
Dr. JOHN B. CHAPIN.

There were in the Asylum, at date of last report, 770 patients. Admitted since, 216. Total, 986. Discharged recovered, 7. Improved, 11. Unimproved, 12. Died, 51. Total, 81. Remaining under treatment, 905.

Experience in this Institution, devoted entirely to the care of the chronic insane, but confirms the opinion now universally accepted, "that the hope of recovery rests mainly in prompt measures at the outset of the disease, and that after the expiration of one year, the prospect of a favorable result is lessened." This is given as an argument for the speedy completion of the Asylums, at present projected in the State. The showing as made in the report, by the statistics of institutions, that the per cent. of recoveries has diminished during successive decades, notwithstanding the advances in medical science and pathological research, combined with the increased advantages in buildings and knowledge of the disease and its proper treatment, would, if true, present a gloomy outlook for the future. It may, however, be questioned whether this increased dissemination of knowledge of the character of the disease, and the public provision for the care of the insane has not led to the placing more of the chronic class under treatment in the hope of benefit, while in earlier years, only the acutely disturbed and most troublesome in families were sent to institutions. Again we know, from observation, that many cases formerly discharged recovered, are at the present differently classified, in other words, more precision in the diagnosis of the condition has been attained, and the statistics of recoveries are more to be relied upon. Dr. Brown, of Bloomingdale Asylum, thus expresses himself upon the subject.

"There can be little doubt at this time that the innate traits of mind and heart which made the earlier race of hospital superintendents such zealous and successful workers in a new region of beneficence, led them also to form and express more encouraging opinions as to the curability of insanity than are justified by later experience on a broader scale, the statistics of many hospitals would be greatly and favorably modified, could the subsequent recoveries of improved patients be appended to the record."

The plan of erecting buildings supplemental to various asylums for the care of the tranquil and harmless cases is recommended. The asylum is considered as an experiment, as regards the willingness of the community to sustain a system of improved care for the class of patients now received. In the managers report, we find also a recommendation for appropriations to con- the erection of detached buildings to increase the capacity of the Asylum to 1,800 inmates, and thus care for all the insane at present in the various county poor houses of the State. This, however, does not meet the approval of the entire board, one of the number recording his dissenting voice. There are many arguments to be adduced against this proposed plan. Besides the impracticability of personal superintendence, (and even now the aid of the telegraph is invoked,) is the great expense of transferring patients from the more remote parts of the State, and the distant removal from friends, to whom the burden of expense, would practically render visitation impossible. The tendency of the times is for the individual counties to erect buildings which are adapted to the care of their patients and thus retain the charge and control of them. This policy, the State, by their action in giving the State Board of Charities authority to relieve from the operation of the Willard law, virtually approves.

NEW YORK. *Report of the Bloomingdale Asylum:* 1874. Dr. D. T. BROWN.

There were in the Asylum, at date of last report, 189 patients. Admitted since, 110. Total, 299. Discharged recovered, 25. Improved, 56. Unimproved, 23. Died, 19. Improper subjects, 1. Total, 124. Remaining under treatment, 175.

We give the views of Dr. Brown regarding the present style of asylum buildings, as they are so opposed to the demands from some quarters, for cheapness, as the only requisite.

"In the general construction of these buildings, the prevailing tendency, during recent years, has been to raise the standard of excellence, both of accommodation and workmanship; and consequently the proportion of patients, of the more intelligent and prosperous classes increases annually in such institutions. This is a natural and gratifying result of a recognition of the claims of the *whole* people of any community, upon the consideration of municipal or state authorities. Suitable provision for those of the insane, who have, when in health, been accustomed to the comforts of a medium-class American home, is necessarily very costly, and there is very little probability that private benevolence will supply the means to create or endow institutions suited to their wants."

"For these and other reasons, I deem the objections recently raised by persons of prominence in public positions, toward the more advanced views, respecting state and city provision for the insane, as no less erroneous in principle, than unjust to the unfortunate wards of the public."

NEW YORK. *Fourth Annual Report of the Homœopathic Asylum:* 1874. Dr. HENRY R. STILES.

There have been 69 patients received into the Asylum since its opening, April 20, 1874. Of these there have been discharged recovered, 9. Improved, 3. Died, 4. Total, 16. Remaining under treatment, 53.

As this is the first State or public Homœopathic Asylum ever established in this country, its results

will be looked for with interest. Of the patients received, twenty-four have been at public expense, while forty-five have been supported at their own charge. The most of these have been acute cases, the chronic having been admitted to a limited extent only. Of treatment, Dr. Stiles makes the following comments:

"Our medical treatment has been purely according to the homœopathic law of "*similia similibus curantur*," and entirely without resort to any of the forms of anodyne, sedative, or palliative treatment so generally in use (even among physicians of our own school) in cases of mental disturbance. Not a grain of chloral, morphine, the bromides, etc., etc., has ever been allowed in our pharmacopœia, or given in our prescriptions; and we have never felt the need of them, even in our most violent cases of acute mania. A careful study of the mental and physical symptoms, together with a rigid adherence to the Hahnemanian principles of selection and administration of remedies, has enabled us to meet the requirements of each individual case with comfort and success."

"On the mooted question of dilutions, which divides our school of medicine, we have endeavored to preserve a strict impartiality, using both the highest and the lowest as circumstances seem to indicate, and with that regard to exactness of detail in prescription which shall secure for the aggregated results of our Asylum practice the value of a scientific experiment. Our *case book* shows a brief but complete daily record of the mental and physical symptoms; the medicine, dilution and form of administration; the restraint used and transfers made in each case from the date of its admission."

"Restraint has been employed in comparatively few cases—only by direction of the medical officers—and it has been found practicable, by means of tact and patience, to restrict its use, even in violent cases, almost to a minimum. In accomplishing this desirable result we have been largely aided by the intelligence, forbearance and good-temper of the attendants. In all cases, where it was practicable, a degree of liberty has been allowed, and paroles have very rarely been abused."

"On our dietary system we place much reliance. We believe it to be founded upon sound physiological principles, and, as such, it has met with the unqualified approbation of the State Commissioner of Lunacy."

There are but three wards at present completed in the Institution, which is, therefore, much crippled in its operations, by the absolute need of more extensive classification. This want will, no doubt, be met by the recent appropriation of the Legislature.

NEW YORK. *Report of the Marshall Infirmary:* 1874. Dr. Jos. D. LOMAX.

There were in the Hospital, at date of last report, 86 patients. Admitted since, 65. Total, 151. Discharged recovered, 4. Improved, 14. Unimproved, 26. Died, 7. Total, 51. Remaining under treatment, 100.

NEW YORK. *New York City Asylum for the Insane, Ward's Island:* 1874. Dr. A. E. MACDONALD.

There were in the Asylum, at date of last report, 559 patients. Admitted since, 456. Total, 1,015. Discharged, 216. Eloped, 2. Died, 124. Total, 342. Remaining under treatment, 673.

The number of patients now in the Asylum, exceeds that of last year by 100, showing a steady increase of insanity, and is a strong argument in favor of the immediate attention demanded to meet the increase of the future. The number of deaths is unprecedently large, and is, the Superintendent remarks, probably proportionally larger than in any asylum in the country.

"But it is not anything remarkable in view of the class of patients we receive, and of the condition in which they come to us, and, it must be confessed, that our proportion of deaths must be large, and our proportion of recoveries small, until, in some way, it can be arranged to increase the means at our disposal, for the care and cure of our patients. With the thermometer below the freezing point in our wards, because we have no coal, (as has been the case within the past month,) with some of our patients without shirts on their backs, or shoes on their feet, (as has been very commonly the case for the past three months,) and with the

supply of food insufficient, (as I believe it has been since the Institution opened,) we can not reasonably look for a different result."

The overcrowding from which the Asylum suffers, renders any systematic classification impossible. All varieties of insanity are mingled together, and the wards were often the scene of violence and confusion by day, and of sleep disturbing noise by night. The Doctor expresses his views regarding the proper care and treatment of patients.

He claims that for all, sleep, quietness, food, are the essential remedies, and that his efforts and those of his assistants, are given to secure these ends. Dr. Macdonald states that he found the medical records of the Asylum, so incomplete and so incorrect, as to be virtually valueless. They had been written by unpaid and irresponsible clerks, and even by patients, from the rough notes made by the assistant physicians, as they passed hastily through the wards. The result was too often a mass of misspelled and unintelligible jargon, where there were any entries at all. These records have been largely re-written and the present medical staff have taken upon themselves the task of keeping them in proper form, and of giving them the character of hospital records. The system of granting passes to patients in the Asylum, justly meets with condemnation. The strongest argument against it, and which is certainly the best one that can be offered, is that it is without the sanction of law. The other and sufficiently strong reasons, relate to the effect upon the patient and the danger to the community.

The practice of employing women from the workhouse, to perform the household work upon the wards of the Asylum, has been discontinued, and the patients, under the supervision of the attendants, now perform these duties. The Doctor's testimony is that their be-

havior was at times, most revolting, and the influence of their presence was degrading to both patients and attendants. We do not care to enlarge upon the disastrous consequences of this association, of the most vicious and abandoned women of a large city, with the employés and inmates of an Asylum, largely filled from the same classes of society. It is a subject of congratulation that this has been put an end to, by the efforts of the Superintendent.

The Doctor sharply but justly criticises that spirit of parsimony and meanness, not economy, which looks to keeping those depending upon public charity at the lowest price per head. This spirit has extended so far, that in one institution the cost of food per day, is nine cents. True economy and proper humanity, seek to cure the patient, and not care for him at the lowest expense. The most powerful remedy is sufficient and proper nourishment. This has not been furnished, and the opinion is expressed, that there are to-day, patients in the Asylum who are incurable from this cause. The statement is made from a careful computation, that the City of New York, expends less on its insane, than any city on the continent. "I must say then that I consider that the patients here, receive less than they are entitled to from the community upon which they are a charge. Their food is insufficient in quantity, and of too limited variety. The wards are almost bare of furniture, and look cold and cheerless, and similar fault may be found with almost all the appointments of the Institution." The great reason for this sad condition of things, is thought to be the ignorance of the community upon the subject. The imposition which is practiced upon the City of New York, by forcing it to support the emigrant insane after a residence of five years in the country, is stated, and also the fact, that the insane

from other States, and from parts of our own State, are drifted in upon them, and find lodgment in the City Asylums.

The project of erecting a hospital for epileptics is favored, while the one on the Island for reclaiming inebriates, is pronounced a failure. The appointment of a special pathologist, who can utilize the opportunity presented in that institution for pathological research, is urged. The Doctor concludes his report with some remarks made before the New York Neurological Society, regarding the new lunacy law.

NEW YORK. *Fourth Annual Report of the Buffalo State Asylum for the Insane:* 1874.

The Legislature of 1874, appropriated \$150,000, toward completing that part of the asylum buildings already commenced, and put a superintendent of building in place of the Board of Managers. Under his charge the work has proceeded since August last. The appropriation has been expended. The wards A and B have been inclosed, put under roof, and the under-floors have been laid, and a portion of the work done, preparatory to plastering. The walls of the center building are nearly completed. This with some minor details, constitutes the progress of the year. The report of the building superintendent accompanies that of the Managers.

NEW JERSEY. *Annual Report of the New Jersey State Lunatic Asylum:* 1874. Dr. H. A. BUTTOLPH.

There were in the Asylum, at date of last report, 653 patients. Admitted since, 187. Total, 840. Discharged recovered, 52. Improved, 85. Unimproved, 14. Escaped, 1. Not insane, 1. Died, 32. Total, 185. Remaining under treatment, 655.

The report enumerates the most important improvements and repairs, that have been made during the year. These include a blower, additional to the fan, for ventilation, arrangements for withdrawing the foul air, by an exhaust force, created by the heat of steam surfaces, placed in campaniles on the top of the house; additional wash, bath and clothes room, improvements in the machine shop, increasing the facilities for labor, and in the way of ornamentation, the making of an artificial lake in the front lawn, of two acres, &c. Entertainments and amusements have been provided during the year, comprising the usual variety of concerts and lectures, illustrated by magic lantern views, &c. The Doctor adds a general summary of his views regarding the nature, causes, symptoms and treatment of insanity.

PENNSYLVANIA. *State Hospital for the Insane, Danville: 1874.*

Dr. S. S. SHULTZ.

There were in the Asylum, at date of last report, 126 patients. Admitted since, 152. Total, 318. Discharged recovered, 21. Improved, 20. Unimproved, 22. Died, 17. Total, 80. Remaining under treatment, 238.

The remarks accompanying the tables of the report, are largely devoted to enforcing the necessity and advantage of early treatment in all case of insanity, and to setting forth the demands of the Hospital, to complete it according to the original plan, and to meet the most imperative wants of the Institution.

PENNSYLVANIA. *Report of the Pennsylvania Hospital for the Insane: 1874.* Dr. THOMAS S. KIRKBRIDE.

There were in the Hospital, at date of last report, 416 patients. Admitted since, 248. Total, 664. Dis-

charged recovered, 107. Improved, 63. Unimproved, 32. Died, 46. Total, 248. Remaining under treatment, 416.

Regarding the "evening entertainments, occupation and amusements of the patients," the Doctor reiterates his belief in the importance of providing a variety of employments and amusements for patients in asylums, and advocates the propriety of furnishing some form of entertainment for each evening of the week, he says:

"It is no more difficult to make these evening entertainments a daily provision, allowing nothing to interfere with their regular performance, than it is to provide for the numberless other needs that come up at stated intervals in the daily routine of hospital life."

Is there not a danger, in thus providing for some daily gathering of the patients, that the very effort to entertain will come to be looked upon as a monotonous and routine duty, and be irksome and distasteful to a large portion of the inmates? We question whether a daily regularity of amusements offers the enjoyment and relish that would be derived from a frequent but not a stated presentation of them.

Of "Heating, Ventilation and Construction of Hospitals," we quote:

"In view of the lamentable failures in regard to the heating and ventilating of buildings that frequently occur, it is a very natural subject for inquiry, why such results should happen in one place, while in others there is found nothing to complain of. Every one acknowledges that the most expensive buildings, and the costliest fixtures and arrangements are not always the best, and yet it must be conceded that the failures in the matter to which reference has just been made, come, most frequently, from an unwillingness to expend money enough to secure a thoroughly efficient arrangement. What is here called economy is a false one; it is really extravagance, for it does not effect the object in view, and is sure to lead to new experiments and larger expenditures, if not to other

failures. In the matter of heat, the failure generally comes from abortive attempts to get more out of the fuel than is in it; and in that of ventilation, from a want of appreciation that all ventilation is loss of heat, and from an unwillingness to use enough of the heat obtained, to secure it efficiently.

"What is mainly necessary to secure success in heating and ventilation, is the recognition of a few well-established principles. Among these may be regarded as especially important, insisting on the use of steam or hot water as the agent for these purposes, of an abundance of radiating surface for both heat and ventilation, a bountiful supply of pure air at a moderate temperature, direct flues, a willingness to use all the heat that is necessary for the most perfect ventilation, either directly or indirectly, and to feel that it is really economy to do this, no matter what may be the cost, a belief that all ventilation to be worthy of the name must be forced, and that a forced ventilation is just as necessary in summer as in winter, in one season as in another, and by night as much as by day.

"These discussions in regard to heating and ventilation, very naturally and properly, are connected with those in reference to construction. If this were always the case, there would not be seen, as has been witnessed even recently, large and costly structures with their cellar walls up, and the buildings fairly in progress, without the mode of heating and ventilation having been decided on. It is scarcely necessary to say, that not a spade should be put into the ground, before the plans for both heating and ventilation are thoroughly matured, and that many of the interior arrangements can hardly fail to be, to a greater or less extent, dependent on them. The cellar really is one of the most important parts of any building—and no building can with propriety be without a cellar—for in it are to be placed the most essential arrangements in regard to heating and ventilation. It is difficult to conceive of any efficient system of heating and ventilation that dispenses with a cellar or basement and an attic. In the former should be all the main air passages, the radiating fixtures, the commencement of the flues, and the power that regulates the movement of the air, and makes the whole plan effective; and in the latter, should be the arrangements for carrying off the impure air from the wards below. Where heating only is desired, it is a very simple matter, but it is generally just as unhealthy as it is simple. So any ventilation that is not forced, really can not be regarded as worthy of the name."

'At certain seasons it is well to get all the advantage we can from a natural ventilation, but it is a most unreliable agency. The openings for the ingress and egress of air, that are always seen in the walls or ceilings, when without a controlling power, are comparatively useless. Indeed they often seem to be simply a means of making careless observers labor under the delusion, that a proper ventilation is going on, while, in reality, the air is about as likely to be moving in the wrong as the right direction, or, what is often quite as annoying, to be going in neither direction. Medical men, above all others, have reason to estimate highly the efforts of nature, but in the matter of the ventilation of hospitals, the unassisted efforts of nature are lamentably inefficient. The fact that forced ventilation—especially by the use of fans—is adopted much more in hospitals for the insane, than in any other class of hospitals, or in other public buildings, has been recently recognized and dwelt upon, by an able writer in one of our oldest and best medical journals. This may fairly be accepted, as not a little complimentary to those controlling these institutions, and so thoroughly do sound principles in regard to heating and ventilation prevail among those interested in the care of the insane, that it is safe to say that no hospital of this kind is likely hereafter to be erected, without ample provision being made for its forced ventilation."

The ideas which have been supported in certain quarters, that, drawing conclusions from the experience during the war, cheap and temporary structures are best adapted, for hospital use, are successfully met by the Doctor.

"It is quite safe for any one who enters upon this discussion, to begin by insisting upon what may safely be regarded as well-settled axioms—that no hospital too good, or too complete in its arrangements, for the care and treatment of the insane, has yet been provided; and that the best constructed, best arranged, and best managed hospital is always cheapest in the end. There are examples all over the country that prove conclusively, that a small expenditure in the erection of a hospital is no evidence of its having been provided economically. From the first day of their occupation the expenditures for repairs, alterations, and improvements on such buildings, often begin, and, once started, they seem to be never ending; while at the close of a dozen years, the

amount thus expended, added to the original outlay, will make them take rank with the most expensive hospitals."

"While saying this, most emphatically, I would not less earnestly protest against all extravagance, all useless ornamentation, and everything that is not likely to be of use to the patients. Whatever will be of any real value to the patients, the hospital should possess, almost without regard to cost. This is a wise and liberal economy, while leaving a hospital without anything that is known to be useful to the patients may be extravagance, although much less money is expended than for the complete institution."

"It may fairly be doubted whether it is the best mode of proceedings, when about to build a hospital, to say exactly how much it shall cost, for this can scarcely be done even when the most particular contracts are made, and may result in bad work and imperfect arrangements, in order to come within the prescribed limit. It is more likely to secure the object in view, to insist on the plan on which it shall be built, and what fixtures and arrangements it shall have, and then to see that everything is done in the best manner, but, at the same time, with the strictest economy."

"So in regard to the support of hospitals for the insane, it will be a sad day for these institutions, and still sadder for the patients in them, when the rivalry of hospitals and their officers shall be, rather to discover for how little their inmates can be kept, than to secure what is best, and most thoroughly promotes the great objects for which they were established."

The report concludes with a condensed history of hospital provision in the State of Pennsylvania, in which it is shown that when the institutions already projected are completed, accommodation will be furnished for 2,150 patients: and with a record of the legislative action in regard to the insane during the last year.

PENNSYLVANIA. *Annual Report of the Western Pennsylvania Hospital, Insane Department: 1874.* Dr. JOSEPH A. REED.

There were in the Hospital, at date of last report, 450 patients. Admitted since, 274. Total, 724. Discharged recovered, 76. Improved, 57. Unimproved, 28. Died, 51. Total, 212. Remaining under treatment, 512.

PENNSYLVANIA. *Fifty-eighth Annual Report of the Asylum for the Relief of Persons Deprived of the use of their Reason:* 1874. Dr. J. H. WORTHINGTON.

There were in the Asylum, at date of last report, 81 patients. Admitted since, 44. Total, 125. Discharged recovered, 14. Improved, 7. Unimproved, 9. Died, 11. Total, 41. Remaining under treatment, 84.

This is a larger number of patients than has ever before been treated in the Asylum, during any one year, and it is a subject of congratulation, that its sphere of usefulness has been enlarged by the recent improvements and additions.

MARYLAND. *Thirty-second Annual Report of the Mount Hope Retreat and Mount Hope Institution:* 1874. Dr. WILLIAM H. STOKES.

There were in the two Institutions, 578 patients during the year. Of this number, 376 were insane. There were at the date of last report, 252 patients. Admitted since, 124. Total, 376. Discharged recovered, 47. Improved, 41. Unimproved, 3. Died, 23. Total, 114. Remaining under treatment, 262.

Two hundred and two patients were admitted to the Inebriate Asylum, of which one hundred and ninety-four have been discharged. One hundred and sixty-seven improved, and twenty-six cases of *mania à potu* cured, and one died.

WASHINGTON, D. C. *Nineteenth Annual Report of the Government Hospital for the Insane:* 1874. Dr. CHAS. H. NICHOLS.

There were in the Hospital, at date of last report, 620 patients. Admitted since, 229. Total, 849. Discharged recovered, 80. Improved, 28. Unimproved, 9. Died, 50. Total, 167. Remaining under treatment, 682.

VIRGINIA. *Report of the Eastern Lunatic Asylum of Virginia:*
1874. Dr. D. R. BROWER.

There were in the Asylum, at date of last report, 268 patients. Admitted since, 76. Total, 344. Discharged recovered, 18. Improved, 4. Unimproved, 1. Eloped, 1. Died, 26. Total, 50. Remaining under treatment, 294.

The Board of Trustees enumerate the many improvements which have been recently made in the Institution, and which have placed the Asylum in a position to compare favorably with others, in all things which tend to the proper care and treatment of the insane.

The changes have been made in the direction pointed out by the former Superintendent, Dr. Peticolas, and have accomplished the result foretold by him. The increase in pay patronage has been tenfold under the administration of Dr. Brower. They recommend to the Legislature a careful consideration of the needs of the Institution in the way of appropriations.

VIRGINIA. *Report of the Western Lunatic Asylum:* 1874.

There were in the Asylum, at date of last report, 334 patients. Admitted since, 70. Total, 404. Discharged recovered, 30. Improved, 4. Unimproved, 1. Died, 9. Total, 44. Remaining under treatment, 360.

The report of the Managers consists largely of a somewhat extended notice of Dr. Francis T. Stribling, the former Superintendent, whose death in July last, has already been noticed. It also records the appointment of Dr. Robert F. Baldwin, to fill the vacancy. The statistical matter of the report was made by Drs. Hamilton and Fisher, assistant physicians in charge of the Institution, *ad interim.*

VIRGINIA. *Report of the Central Lunatic Asylum:* 1874. Dr. RANDOLPH BARKSDALE.

There were in the Asylum, at date of last report, 194 patients. Admitted since, 48. Total, 242. Discharged recovered, 21. Improved, 1. Not insane, 2. Died, 11. Total, 35. Remaining under treatment, 207.

WEST VIRGINIA. *Annual Report of the West Virginia Hospital for the Insane:* 1874. Dr. S. B. CAMDEN.

There were in the Hospital, at date of last report, 283 patients. Admitted since, 90. Total, 373. Discharged recovered, 8. Improved, 4. Unimproved, 2. Eloped, 1. Died, 10. Total, 25. Remaining under treatment, 348.

During the year, sections of the building have been completed and filled with patients taken from the jails of the State. At the date of the report, September 1874, Dr. Camden says that for the first time in the history of the Hospital, all the insane citizens of the State are cared for, except her colored insane. About six of this class are known to be in jails. The delay in making this provision for the insane has been such, that most of the patients admitted are of the chronic class, and while all are thus accommodated, the wards are full, and there is no room for the treatment of the recent cases. These must in turn wait for vacancies by death, or by discharge of the present occupants of the Asylum.

"Now just as we can see light ahead and can report the jails clear, we have also to report that the Hospital is crowded to its utmost capacity for females, and soon will be for males, and as new applications come in, the same old reply will have to be given. 'No room.' "

SOUTH CAROLINA. *Report of the Lunatic Asylum: 1874.* Dr. J. F. ENSOR.

There were in the Asylum, at date of last report, 309 patients. Admitted since, 119. Total, 428. Discharged recovered, 36. Improved, 20. Unimproved, 17. Died, 44. Total, 117. Remaining under treatment, 311.

The finances of this Institution still absorb, necessarily, much of the attention of the Superintendent. During the past year the indebtedness of the Asylum, including arrearages has amounted to \$162,949. To meet this an income of \$106,653, has been realized, leaving a balance unprovided for of \$56,295. This sum is due in part to the employés, many of whom are two years, and all are one year in arrear in wages. An urgent appeal is made to the Legislature, to make an appropriation which can be made available in cash. The new political condition encourages the hope, "that the claims of the institution will receive that attention which the honor of the State, and the rights of humanity alike demand." Two causes are said to be in operation to deprive the insane of the benefits of early treatment, one the insufficiency of hospital accommodations, and secondly the old time prejudices against asylums that still cling to many people, especially the uninformed. A sharp contrast is drawn between the treatment of the insane in bygone years, and in the modern Hospital. This description is in itself sufficient to disarm fear and suspicion and to cause asylums to be looked upon with favor, and their advantages to be appreciated by the friends of the unfortunate.

"The mysteries that once enveloped the nature and the causes of insanity, are fast disappearing before the light of science. The

spell of superstition that for long years made the victim of insanity an object of cruel curiosity has been broken. The vague and empty theories that regarded insanity as a sickness of the impalpable soul of man, peopling his spiritual part with witches, hobgoblins and intangible devils, to do with him according to the pleasure of their idle or vicious vagaries, has given way to the more rational and more logical doctrine that insanity is a disease, not of the *spirit* but of the *body*—not primarily of the intangible, immaterial something we call the mind, but of the material brain, the home and residence of the mind : that, indeed, if I may so express myself, insanity *per se* is not a disease at all, but only the symptoms of a diseased brain, just as dropsy is a symptom of disease in some of the organs, the diseased state of which is known to produce dropsy ; just as jaundice indicates derangement or disease of the liver, or *albuminuria* disease of the kidneys. I hold that there is no insanity without a pathological condition of the brain substance, either primarily or secondarily, differing from that of a purely sound or perfectly normal brain ; and I hold that the treatment of diseases of the brain belongs to the medical profession, whilst the sick spirit should be left to the clergy.”

“ From this view of the subject, what is our first duty upon the manifestation of insanity in our fellow-man ? What does justice dictate ? What does humanity demand ? What is your first thought when your wife is stricken down with pneumonia, or gastritis, or rheumatism, or fever, or any other of the multitude of diseases, recognised as physical, that human flesh is heir to ? Why, to place her immediately under the care and treatment of a physician. And you watch by her bedside with much tenderness and great solicitude and anxiety. Is there any good reason why the insane should be treated differently ? Can it be made to appear that they are less entitled to prompt attention, or that there is less cause for prompt treatment, less grounds for sympathy and solicitude, or that they have no claims upon our humanity ? No man in this civilized age is so base as to answer this proposition in the affirmative.”

ALABAMA. *Fourteenth Annual Report of the Alabama Insane Hospital:* 1874. Dr. P. BRYCE.

There were in the Hospital, at date of last report, 330 patients. Admitted since, 105. Total, 435. Dis-

charged recovered, 44. Improved, 14. Unimproved, 4. Died, 27. Total, 90. Remaining under treatment, 345.

MISSISSIPPI. *Annual Report of the Mississippi State Lunatic Asylum:* 1874. Dr. W. M. COMPTON.

There were in the Asylum, at date of last report, 304 patients. Admitted since, 86. Total, 390. Discharged recovered, 36. Improved, 5. Unimproved, 4. Died, 23. Total, 78. Remaining under treatment, 322.

Dr. Compton's report is mostly occupied with arguments for increased accomodations. These are drawn from the statistics of recoveries among the admissions of recent cases during the year: and from the urgent appeals from friends for the admission of their insane relatives. These are sad to contemplate, and furnish an argument which appeals to every heart. We can but consider it a defect in the law of the State, which compels admission of the applicants in turn, and we believe with the Doctor, that much greater good would be accomplished by the institution, if some choice could be exercised in favor of the recent, and therefore probably curable cases. A proposition is made for an extension to accómodate seventy-five female patients, and for the removal of some of the quiet and harmless class to their homes or to the County Houses. Owing to the financial condition of the State the project of a new Asylum is not pressed at the present time, though its necessity is asserted.

KENTUCKY. *Report of the Central Kentucky Lunatic Asylum:* 1874. Dr. C. C. FORBES.

There were in the Asylum, at date of last report, 141 white patients. Admitted since, 105. Total, 246. Discharged, 25. Died, 36. Eloped, 3. Total, 64. Remaining under treatment, 182. Whole number of colored insane, received since April, 1874, is 51. Dis-

charged, 7. Died, 4. Total, 11. Remaining under treatment, 46. Total, white and colored remaining, 228.

This Institution was organized as the Fourth Kentucky Lunatic Asylum, and was opened for the reception of the chronic insane only. By act of Legislature, the name was changed to the Central Kentucky Lunatic Asylum; "the injudicious discrimination," was removed, and the wards were opened to all classes of the insane. By the same body it was resolved:

"That the Governor is directed to see to it that each of the Asylums provided by law for the reception and treatment of the insane are kept full to their utmost capacity, so long as there are any lunatics in the State unprovided for. And he is authorized to procure a building or buildings, if he can do so, for the temporary care and treatment of any excess of such unfortunates, and have them removed thereto, and kept and treated and provided for until they can be received in the Asylums. * * * But the colored and white lunatics shall not be kept in the same building."

An appropriation of \$100,000 was also made to enlarge the capacity of the Asylum, one-third of the amount to be used for providing accommodations for the colored lunatics.

The enlargement to the building was made, and will be ready for occupancy within a few weeks. In April last, wooden structures were erected and furnished, to provide for fifty colored insane. This with the provision made at the Lexington Asylum, is sufficient for all of this class in the State.

Acting under the resolution, the Governor caused to be erected another wooden structure for the temporary care of the portion of the white insane, in excess of the capacity of the main asylum building. Sixty of the harmless and quiet class now occupy it. The favorable condition of provision for the insane in Kentucky is such as the State may justly be proud of. It is best

described by Dr. Forbes, in the following extract from his report.

"With all these buildings, some of them already occupied, and the rest about completed, this institution will present an aggregate capacity for three hundred and fifty patients. From the best indications in view, this will be amply sufficient for the present; and at length the philanthropic heart, pained so long with a sickening delay, will be cheered and warmed with the consoling assurance that as comfortable apartments and as adequate Asylum accommodations will be in readiness (to use the language of an accomplished Superintendent of one of our institutions on a former occasion), 'for all classes of the insane, of all colors and of all grades, chronic as well as acute, idiots, and epileptics, as is possessed by any State in the country, placing Kentucky in the front rank for her benevolence—her spirit of all-embracing charity. The doors of her hospitals thrown wide, none need appeal in vain for shelter or unceasing kindly care.'"

KENTUCKY. *Report of the Second Kentucky Lunatic Asylum:*
1874. Dr. JAMES RODMAN.

There were in the Asylum, at date of last report, 282 patients. Admitted since, 89. Total, 371. Discharged recovered, 25. Improved, 5. Unimproved, 2. Transferred, 2. Eloped, 1. Died, 12. Total, 47. Remaining under treatment, 324.

Dr. Rodman reports the Institution as being in a flourishing condition, financially, and in better repair than it has been since the date of its erection. More patients have been received than in former years, and the demands for admission are more pressing, from a better appreciation on the part of the people, of the advantages of treatment to the insane.

TENNESSEE. *Biennial Report of the Tennessee Hospital for the Insane:* 1875. Dr. JOHN H. CALLENDER.

There were in the Asylum, at date of last report, 1873, 372 patients. Admitted since, 189. Total, 561.

Discharged recovered, 73. Improved, 58. Unimproved, 7. Escaped, 2. Died, 47. Total, 187. Remaining under treatment, 374.

The great demand is for additional accommodations for patients. It is computed that there are at least 1,200 insane in the State, of whom only one-third are provided for in the Institution.

ILLINOIS. *Fourteenth Biennial Report of the Illinois State Hospital for the Insane:* 1874. Dr. H. F. CARRIEL.

There were in the Hospital, at date of last report, 459 patients. Admitted during biennial period, 473. Total, 932. Discharged recovered, 155. Improved, 219. Unimproved, 22. Eloped, 3. Died, 59. Total, 458. Remaining under treatment, 474.

Extensive repairs and improvements have been made which are fully described in the report. The chapel has been finished and provided with an organ, a carpenter shop and ice house have been erected. The whole outside of the main building has been repainted, a new sewer has been laid, of 1,750 feet in length, with a connection with the smoke stack, for downward ventilations for water closets. A large quantity of fencing around the main building and the court yards, for the disturbed class of patients has been put up. Another boiler has been set at the pump house, and a brick building for storing coal erected. Seven wards have been thoroughly repaired. The old dining rooms have been divided, and in the partition walls, flues for heating and ventilation, and dumb waiters have been placed. A new kitchen has been provided, and fitted up with the most improved furniture and apparatus. A tramway in an underground passage, four hundred feet in length, with cars for the transportation of food has been made. The Institution depends for its water sup-

ply, upon a small creek which contains many impurities. To clean the water and render it fit for all the uses of the Hospital, a large filter has been constructed. This is fully described and is worthy the attention of those institutions similarly situated. It is said to be highly efficient and to accomplish fully the object for which it was made. All of these alterations and additions have been made at a comparatively small cost, which speaks highly of the economical administration of affairs.

The remarks on insanity and its treatment, are well calculated to instruct those interested in placing their friends in charge of the institution, and to convey to the general practitioner correct ideas of the treatment to be pursued in such cases as he may meet with in the course of practice.

ILLINOIS. *Third Biennial Report of the Northern Illinois Hospital and Asylum for the Insane: 1874.* Dr. E. A. KILBOURNE.

There were in the Hospital, at date of last report, 1873, 183 patients. Admitted since, 283. Total, 466. Discharged recovered, 72. Improved, 74. Unimproved, 65. Died, 37. Not insane, 4. Total, 252. Remaining under treatment, 214.

From the report of the Board of Trustees, we make the following extract regarding the merits of the cottage and congregate system of building.

In our first biennial report of December, 1871, the opinion was expressed that the somewhat popular theory of the "cottage system" would be finally adopted here, with the congregate or asylum plan, but after becoming more familiar with the insane, and their care, with their great and fast increasing numbers, and the necessity for the utmost economy consistent with an enlightened humanity, we are convinced that it would not be economical for the State, nor beneficial to but few, if any, of the insane. The buildings must be small and scattered, but must be warm and substantial, and will cost much more per patient than the present plan; there should be at least two attendants, night and day, to

be safe, and this number could as well care for double the number of patients in the asylum, that would be placed in a cottage

The sewerage, water and heating, would each cost much more for each patient, especially sewerage and water, which must be perfect and plenty to insure health and comfort. Heating must be by steam, and very expensive for small scattered buildings; if not by steam, then unsafe—and as these cottages are supposed to be away from the asylum, and its influences, the cooking must be done in each, to be warm and desirable. The baking and washing are more readily done in the main asylum without inconvenience.

The medical officers must go some distance to each from the asylum, or employ such attendance for each of them, medicines and library, and many other conveniences and necessities, which will readily come to the attention of the investigator, go to show that there is no economy, if any comfort and safety or benefit, to be derived from the cottage over the congregate system.

In a very mild climate, with a class of patients suited for such care—say one in seven of the insane—where a cheap class of building would protect them from the weather, and all could go for meals to some central point, and other necessities, at all seasons, and but little heat is required, it might be different, and desirable for the few, but under no circumstances for the many.

The south wing of the Asylum is now completed, and room is thus provided for 460 patients. The chapel which from the report is a neat and appropriate structure, has a seating capacity for 300 persons. A general description is given of the building and the opinion is expressed that it combines the advantages demanded in a first class Hospital. There are many improvements still to be made, and many requirements specified to complete the Institution as proposed.

ILLINOIS. *First Biennial Report of the Southern Illinois Hospital for the Insane:* 1874. Dr. A. T. Barnes.

This Institution was opened by proclamation of the Governor, in December, 1873. There have been admitted 158 patients. Discharged recovered, 10. Improved, 7. Died, 8. Total, 25. Remaining under treatment, 133.

The report is mostly occupied in detailing the imperfections of the plan and construction of the building.

During the winter we suffered somewhat from defective ventilation, the air at times being extremely offensive. The water closets, opening as they do, directly into the patient's halls, have been another source of foul air, and must, until changed, endanger the safety of those exposed to its influence. The only way in which this latter defect can be properly remedied, will be by the erection of brick towers contiguous to the main wall of the wings, and thus in a measure isolate the closets, insure a thorough and independent ventilation of them, and do away with the present rush of poisonous effluvium into the halls during the ingress and egress of patients.

Defective workmanship and poor material in the plumbing of the north wing, have caused much inconvenience and constant repair. I would strongly urge the necessity for the least possible delay in the removal of the whole system, and its replacement with better stock and better work. This can only be done at considerable cost, but will, by doing away with continued labor of a plumber, prove a measure of economy.

Operations in the laundry have been retarded through the inutility of the washing machines. The whole interior of these machines having been constructed of iron, unprotected by any coating, they are in a constant state of corrosion, and spoil all clothing coming in contact with them.

Our water supply during the winter proved all that we could expect, both as to quantity and quality. It at time becomes turbid from the wash of soil into the pond during heavy rains. Early in the summer we found it necessary to discontinue the use of the pond water for culinary and drinking purposes, in consequence of the growth of an aquatic plant about the mouth of the supply pipe leading from the reservoir. The vegetation, though microscopic in its character, was yet so abundant as to clog the pipes, and when decomposed became very offensive. I look upon this growth as being consequent upon the recent formation of the pond, and believe we will not be so troubled another season. The capacity for storage of water I think sufficient for all that may be needed from year to year, and we have every reason to hope from present indications that the quality will prove unexceptionable.

In conclusion, I feel the necessity for calling your attention to the many defects in plan and construction of north wing. The halls for patients are much too long and gloomy. The lack of

proper recreation, or day rooms therein, the clumsy and inefficient window guards, and the location and arrangement of the dining rooms, are all points which I hope may meet with your consideration, and be avoided in the erection of the south wing.

Our most urgent needs are a better roadway between the hospital and the town of Anna; an extension of the sewers to more effectually remove offensiveness, and to secure the sewerage for fertilization; a building for the storage of ice; a proper barn, and the construction of water filters at the supply well.

OHIO. *Twentieth Annual Report of the Northern Ohio Hospital for the Insane:* 1874. Dr. LEWIS SLUSSER.

There were in the Hospital, at date of last report, 250 patients. Admitted since, 277. Total, 527. Discharged recovered, 78. Improved, 74. Unimproved, 51. Died, 33. Total, 236. Remaining under treatment, 291.

OHIO. *Fifteenth Annual Report of the Longview Asylum:* 1874. Dr. W. H. BUNKER.

There were in the Asylum, at date of last report, 565 patients. Admitted since, 220. Total, 785. Discharged recovered, 58. Improved, 59. Unimproved, 46. Eloped, 2. Not insane, 7. Died, 38. Total, 210. Remaining under treatment, 575.

The most noticeable feature in the report, is the excessive overcrowding to which the Asylum is subject; originally intended for 350 patients, it already contains 575, and it is computed that for the next year the surplus will amount to 300, which is nearly double the proper number which should be accommodated.

The complaint, though quite generally made of lack of room, is seldom founded upon such data as are here presented. The institution must be sadly crippled, and its curative advantages reduced to the minimum by such an excessive number of patients. Relief should be speedily furnished by the erection of such additions as are suggested and asked for in the report.

OHIO. *Twentieth Annual Report of the Western Ohio Hospital:*
1874. Dr. JOHN H. CLARK.

There were in the Asylum, at date of last report, 560 patients. Admitted since, 400. Total, 960. Discharged recovered, 139. Improved, 15. Unimproved, 8. Transferred, 228. Died, 44. Total, 434. Remaining under treatment, 526.

MICHIGAN. *Report of the Commissioners appointed to select a location and site for the Eastern Asylum for the Insane of the State of Michigan,* September, 1874.

In a previous number of the JOURNAL, we quoted from a Detroit paper, an item, giving an account of the effort made to secure, by contribution from that city, an appropriate location for the Asylum. This did not succeed, as the citizens' committee reported that it was impossible to meet the requirements of the propositions made by the Commissioners on location, and it was at once decided to locate the Asylum at Pontiac, upon a site known as the Woodward farm. We quote from the report a general description of the location, and the action of the citizens of Pontiac.

"The location of the asylum at Pontiac fully meets the requirements of the act. Though not a railway center, the city is very accessible; and, without change of cars, from those points in the eastern district whence the larger proportion of patients is likely to be presented. Its prospective railway connections are probably quite as good as those of other available points. At Holly, the advantage of a railway running directly south would have been secured; but aside from other objections, the Board did not deem it judicious to locate the asylum in such close proximity to that at Flint, for the reason that it has been the policy of the State to distribute its Institutions."

"The tract of land selected is entirely within the corporation limits of the city, and is a very valuable property. With the farm, the city lots and a portion deemed necessary for pasture, it comprises 307 18-100 acres. The entire cost, including expenses attending the purchase, was \$30,265.57; the average cost per acre

being \$98,52.7. The citizens of Pontiac donate two hundred acres, and the remainder was purchased by the State at the averaged price stated above. A fine stream flowing from springs passes through the grounds. As, however, the water of such streams is apt to contain during certain seasons of the year too much vegetable matter to be entirely acceptable for domestic uses, the citizens have agreed to furnish water directly from springs to be selected by the Commissioners. In this, as in everything connected with the location of the asylum, the citizens of Pontiac have shown great liberality. As already stated they have donated two hundred acres of land in an attractive portion of the city and have largely increased its value to the State by the discontinuance of a leading highway. They also guarantee to the asylum a supply of spring-water, and the removal of all its sewage and drainage."

WISCONSIN. *Fifteenth Annual Report of the Wisconsin State Hospital for the Insane: 1874.* Dr. MARK RANNEY.

There were in the Hospital, at date of last report, 314 patients. Admitted since, 143. Total, 457. Discharged recovered, 31. Improved, 32. Unimproved, 23. Died, 24. Total, 110. Remaining under treatment, 347.

After giving the details of some cases of accidents which have occurred during the year, and which present points of psychological interest, Dr. Ranney gives his views of the causation of insanity, especially as regards inherited tendencies. These he considers the most potent factors in the production of insanity. He expresses in his own language, and from his own experience, the views presented by Morel and Maudsley, to whom he refers. We quote his remarks regarding certain cases of insanity which he has observed, and which will be recognized by all engaged in the specialty.

"In each of these institutions for the insane, with which I have been connected—more frequently during the past ten years than before—there have been admitted, occasionally, young persons of both sexes, between the ages of fifteen and twenty-five, who seemed to become insane without any adequate external cause, or for whose disorder no adequate cause was assigned. Their condi-

tion has usually been attended with few or no demonstrative symptoms; or, if maniacal at first, after a period of excitement, they settled into a state of quiet, passive hebetude to which all seemed to tend, as if the brain had lost its power of reaction, or the recuperative power and elasticity necessary to the performance of its normal functions. Recovery does not take place in these persons as we should expect, taking into view only the superficial aspect of their symptoms. Save in some of the cases the presence of self-abuse, which does not always seem primary, or in more than a few, to have given any specific character to their disorder, there is not at the outset any group of symptoms that ought to preclude the expectation of recovery. The vigor of youth and its power to resist the inroads and encroachments of disease, is in their favor; they have led lives without exciting incidents, and have, perhaps, been singularly moral, correct and free from the contaminations of vice, have neither known the pinchings of poverty or the luxuries of wealth, nor been subjected to special hardships or exposure, and yet have become insane, and do not get well; or, at best, they only partially recover. Upon penetrating the domestic veil in some of these cases, there has been found ancestral neuroses or ancestral intemperance of a kind and degree that would account for their condition better than all other attending circumstances; appearing to show that, in consequence of their inheritance, the quality of brain they possessed was unequal to the maintenance of mental integrity beyond an early period of life. The hereditary character of these cases can not be overlooked, I think, by the careful inquirer, nor the potency of intemperance in some form in their production."

We dissent, however, from the explanation here offered, that, "in consequence of their inheritance, the quality of brain they possessed was unequal to the maintenance of mental integrity beyond an early period of life," believing that in all cases of insanity, there is some cause more tangible than the quality of brain, and that this cause is an actual disease of the brain, the tendency to the development of which, under favoring conditions, and not the disease itself is inherited. The report concludes with stating the wants of the institution for the ensuing year.

WISCONSIN. *Second Annual Report of the Northern Hospital for the Insane:* 1874. Dr. WALTER KEMPSTER.

There were in the Hospital, at date of last report, 205 patients. Admitted since, 101. Total, 306. Discharged recovered, 15. Improved, 14. Unimproved, 5. Not insane, 1. Died, 21. Total, 56. Remaining under treatment, 250.

In Dr. Kempster's report, the subject of hospital provision for the large number of insane still unprovided for, is treated at considerable length. He has taken the position that no invidious distinction should be made on account of the duration of the disease, that care and treatment in a hospital is the right of all, and that it is the duty of the State to provide for all alike. This is based upon the grounds of humanity and of true economy. From the liability of every individual to become insane or to suffer from this misfortune in the person of some member of his family, all are alike interested in furnishing suitable hospital accommodations for such as may demand them. It is a strong argument directed to each taxpayer in the State. The advantage of pathological investigations in cases of brain disease, and the importance of the subject, in the estimation of the profession, are the reasons advanced for an appropriation to continue the work. The statistical tables are analyzed, and serve as a text for some judicious remarks concerning education and self-culture, and their influence in the prevention of insanity. The south wing of the Hospital is now approaching completion; this will double the capacity of the Institution. During the year, much work has been done upon the farm; the grounds have been improved, various out-buildings erected, and much work, rendered necessary by the newness of the Hospital, has been accomplished. Dr. Kempster has made a very full report of work done,

giving the details of interest, regarding the water supply, heating, building, repairs, the further needs of the Hospital, and such points as will enlighten the people, and increase their interest in the Institution.

MISSOURI. *Biennial Report of the Missouri State Lunatic Asylum*: 1875. Dr. T. R. H. SMITH.

There were in the Asylum, at date of last report, 1873, 315 patients. Admitted since, 353. Total, 668. Discharged recovered, 134. Improved, 47. Transferred, 65. Died, 82. Not insane, 2. Total, 330. Remaining under treatment, 338.

The Doctor records his experience in the successful treatment of acute cases of insanity. The recoveries for the two years, just equal the number of cases admitted, in whom the insanity was not over three months, duration. He also reports improvements of the most vital character in the sewerage and drainage of the buildings. The description of the condition of the basement taxes the credulity of the readers. The greater portion of that under the north wing was covered with water, mud, and other deposits, that had been stagnant for years, and under the entire south wing, and center building, a little below the surface, there was a filthy mire from one to two feet in depth. The sewers frequently become closed from their inadequate size; the water closets were thus flooded, and the impurity of the air of the house from this source, and the imperfect ventilation became offensive to persons on entering the building. This state of things is now entirely remedied, and other important improvements are projected.

MINNESOTA. *Eighth Annual Report of the Minnesota Hospital for the Insane*: 1874. Dr. C. K. BARTLETT.

There were in the Hospital, at date of last report, 303 patients. Admitted since, 194. Total, 497. Dis-

charged recovered, 55. Improved, 32. Unimproved, 4. Not insane, 1. Died, 24. Total, 116. Remaining under treatment, 381.

In June last the center building was so far completed, that it was partly furnished and occupied, and the addition to the south wing has since been furnished, and all the female patients moved from the temporary building in town. Their old quarters were immediately occupied by men, thus relieving this department, partially, which has been for a long time over crowded. When the addition to the north wing is completed, there will be apartments for nine distinct classes in each wing, and room for all seeking admission, it is hoped, for some time to come.

It is gratifying to know that the new State of Minnesota, has thus early in its history, made such ample provision for its insane, especially since it is in such marked contrast to the condition of affairs in most of the States of the Union.

KANSAS. *Tenth Annual Report of the Kansas Asylum for the Insane:* 1874. Dr. A. H. KNAPP.

There were in the Asylum, at date of last report, 121 patients. Admitted since, 51. Total, 172. Discharged recovered, 23. Improved, 13. Unimproved, 9. Not insane, 5. Eloped, 2. Died, 10. Total, 62. Remaining under treatment, 110.

Some of the most serious defects which were justly made a subject of complaint in the last report, have during the year been remedied. A new sewer has been laid, and the drainage is now said to be effectual for the removal of all offensive material, and for "immunity from all deleterious effluvia." The water supply is now sufficient for all the wants of the Institution, and is obtained by forcing water into the tanks by steam power, instead of hauling it in wagons. The over crowding of the Institution is properly made a subject of remark by the Superintendent. The full capacity

of the building is for sixty-six patients, while from one hundred and ten to one hundred and twenty have occupied it during the year. It is estimated in the report that each patient is allowed about four hundred and fifty cubic feet of space, while eight hundred is the acknowledged minimum required, when forced ventilation is not employed. We quote the remarks upon improvements and repairs, as exhibiting the past and present condition of the wards of the Asylum.

Many improvements and repairs have been made in the wards, with the effect of materially abating some of the evils consequent upon their overcrowded condition, not the least of which is a marked change in the disposition and deportment of all the patients who were previously noisy, irritable and intractable. The almost entire abolition of restraints, with increased watchfulness and unvarying kindness, having been substituted for the free use of restraints, frequent and sometimes severe punishment, have contributed largely to bring about this very desirable change. One year ago there were no seats of any description in either of the excited wards. From five o'clock in the morning until eight in the evening the patients were compelled to stand or lie upon the floor of the hall or the table upon which their food is served. Each meal time in both of these wards presented scenes of indescribable confusion and disorder, resembling more the feeding of untamed animals than supplying the natural wants and necessities of human beings. Comfortable seats for all were at once placed in these wards. The patients are not allowed to approach the table at meal time until everything is ready, when each one being regularly seated, all partake of their meals with comparative quiet and apparent satisfaction. Arm-chairs, settees and rocking-chairs have been supplied in sufficient numbers. Earthen table ware, tea-spoons, knives and forks have been substituted for tin-ware, and large iron-spoons, in the convalescent wards. Painting and whitewashing of all the apartments are done sufficiently often to keep them at all times clean and in good condition. Early in the spring seventy-five mattresses were purchased and substituted for beds of straw and hay. In point of health, comfort and economy, the investment was a good one. Yet the physical and moral conditions of the patients are not what they should be; neither can they be, so long as we are so over-crowded and deprived of the most es-

sential feature in all hospitals for the insane, to wit, facilities for classification and the requisite space for every patient.

It is estimated that there are between five and six hundred insane patients in the State, who need asylum treatment, and for these the only accommodations furnished, are those of this Institution. The recommendation is to enlarge the present Asylum, to a capacity for three hundred patients. The proposition to establish an asylum for the chronic insane, meets with no favor. Dr. Knapp urges the repeal of the law, making a trial by jury necessary in deciding the question of insanity. It is an unnecessary expense, and may lead to great injustice, as well as injury to the insane. He advocates that the decision of the question of insanity be intrusted to two physicians, who shall certify upon their oath, after due examination, to the mental state of the alleged lunatic. There are other interesting matters touched upon in the report

NEBRASKA. *Report of the Nebraska Hospital for Insane:* 1874.
Dr. C. F. STEWART.

There were in the Hospital, at date of last report, 53 patients. Admitted since, 24. Total, 77. Discharged recovered, 12. Improved, 6. Eloped, 1. Died, 4. Total, 23.

The report concludes with the announcement to the Board of Trustees of the intended resignation of Dr. Stewart. This has already taken place, and Dr. F. G. Fuller, has assumed the duties of Superintendent.

ONTARIO. *Report of the Asylum for the Insane, Toronto:* 1874.
Dr. JOSEPH WORKMAN.

There were in the Asylum, at date of last report, 626 patients. Admitted since, 142. Total, 768. Discharged recovered, 62. Improved, 22. Unimproved, 4. Died, 40. Total, 128. Remaining under treatment, 640.

Dr. Workman comments upon the great increase of cases of paresis, thirteen deaths being accredited to it for the year; he also republishes from a former report the symptoms of the disease, with a view of attracting the attention of the profession more generally to it.

There were ten deaths from phthisis, five of which were of the *latent* and five of the *manifest* form. More than twenty-nine per cent. of all the deaths in the Asylum, for the past twenty-one years, are due to this cause. The cause of so intimate relationship between pulmonary phthisis and insanity in this Asylum can not be accounted for. The same general truth is established by the statistics of the Scottish Lunacy Commission.

The Doctor records the presence of small pox in the institution during the year; four cases in all occurred. They were treated in the small pox hospital of the city, and to their immediate and complete isolation is due the prevention of the spread of the disease.

ONTARIO. *Report of the London Asylum for Insane*: 1874. Dr. HENRY LANDOR.

There were in the Asylum, at date of last report, 520 patients. Admitted since, 132. Total, 652. Discharged recovered, 50. Improved, 5. Unimproved, 4. Died, 26. Eloped, 1. Total, 86. Remaining under treatment, 566.

Last year the ratio of deaths amounted to seven per cent. This was attributed to defective drainage and ventilation. The difficulty having been remedied, the per centage has been reduced to four and one-sixth. Dr. Landor expresses himself upon "the subject of treatment" as strongly in favor of stimulation, almost to the exclusion of drugs of any kind. "Sedatives are nearly abandoned, except in those rare cases of

sleeplessness that will not yield, either to a stimulant of some kind, or to some other mode of soothing." "We give wine, beer and spirits, where they give physic." In opposing the views of others who advocate the necessity of recumbency, and the use of sedatives in certain cases of acute mania, he remarks: "I have never seen one where forced recumbency was necessary; nor one where continued exhibition of sedatives was required to obtain sleep." He asserts "that after placing them in the most favorable condition we can, we let them alone. We do not give them medicinal sedatives, but instead, we give a stiff glass of hot toddy, or a good dose of Scotch ale or porter at night, and repeat if necessary."

That stimulants are valuable in certain cases and accomplish all the Doctor claims for them is well known to all physicians to the insane, but there are some pertinent questions which might interfere with such a dogmatic practice.

Is it certain that all cases of acute mania are placed in the most favorable position, if the patient is allowed unrestrained freedom of action, with the opportunity of being out of bed and moving restlessly about his room during the night, thus draining the brain of blood, and by further exhaustion, adding to the maniacal excitement; for there are cases constantly occurring where stimulants do not have the certain and constant effect of inducing "the sleep of the just."

Does not the physician deprive himself of some of the most powerful and efficient aids in practice by refusing to employ the resources of his art, and treating all in this routine way?

"No cases of acute mania are put under restraint. If they are determined to tear their clothes, a suit made in the ordinary way of strong material, fastening be-

hind, is put on, and nothing more." This may be well, but to our knowledge, some forms of clothing thus put on constitute as formidable a mode of restraint as wristlets or muff, and for the matter of looks, are far more repulsive.

As to the results, "they either recover, or as many acute cases do, they become chronic insane, but they very rarely die." It might be questioned, whether under medicinal treatment, adapted to the demands of each individual case, so many acute cases would become chronic, and whether more might not recover.

We can not agree with Dr. Landor in attributing the causation of *hæmatoma auris* to violence inflicted upon the insane, or in accepting its presence as an indication of the brutality of attendants. That it does not occur to so large an extent among the chronic insane as in acute cases, would seem to us to prove that it is more commonly an accompaniment of acute insanity. The character of the disease, and its significance have been fully established by observation and post mortem examinations. The arguments against the position assumed, have been presented in former numbers of the JOURNAL, and in other writings.

The cottages, the erection of which was strongly urged by Dr. Landor in his report for 1871, have been built and occupied, and he says fulfill all the advantages claimed for them.

The repairs to the main building have been continued, and more are demanded. The water supply to the Asylum is limited, being only about 30,000 gallons daily, and the experiment of boring artesian wells is recommended.

NEW BRUNSWICK. *Report of the Provincial Lunatic Asylum,*
St. Johns, N. B.: 1874. Dr. JOHN WADDELL.

There were in the Asylum, at date of last report, 243 patients. Admitted since, 99. Total, 342. Discharged recovered, 53. Improved, 18. Unimproved, 3. Died, 27. Total, 101. Remaining under treatment, 241.

Dr. Waddell gives a short history of the provision for the insane in the Province, from the opening of the temporary Asylum, in 1836, to the present time. He presents to the board his resignation to take effect October 31, 1875, after a service of twenty-six years in charge of the Institution.

NOVA SCOTIA. *Seventeenth Annual Report of the Hospital for the Insane:* 1874. JAMES R. DEWOLF, M. D.

There were in the Asylum, at date of last report, 268 patients. Admitted since, 67. Total, 335. Discharged recovered, 36. Improved, 6. Died, 14. Total, 56. Remaining under treatment, 279.

The report as demanded by the by-laws, gives the "condition, progress and requirements" of the Hospital, also a summary of the events of the year, and a statement of indebtedness to individual benefactors.

PRINCE EDWARDS ISLAND. *Report of the Lunatic Asylum:* 1874.
Dr. EDWARD S. BLANCHARD.

There were in the Asylum, at date of last report, 58 patients. Admitted since, 21. Total, 79. Discharged recovered, 6. Improved, 5. Unimproved, 1. Died, 3. Total, 15. Remaining under treatment, 64.

In his report, the Doctor treats of the curability of the disease when placed under early treatment, and of the economy to the State in making proper hospital provision for the insane.

FOREIGN REPORTS.

Twenty-eighth Annual Report of the Lunatic Asylum for the Riding of Yorkshire: 1874. J. TREGELLES HINSTON, ESQ.

Seventeenth Annual Report of the Cambridgeshire, Isle of Ely and Borough of Cambridge Asylum: 1874. GEORGE MAC-KENZIE BACON, M. D.

Thirty-fifth Annual Report of the Crichton Royal Institution, and Southern Counties Asylum: 1874. JAMES GILCHRIST, M. D.

Report of the County Lunatic Asylum, at Prestwich: 1874. H. ROOKE LEY.

Twenty-seventh Annual Report of the Somerset County Pauper Lunatic Asylum: 1874. C. W. CARTER MADDEN-MEDLICOTT, M. D.

Third Annual Report of the Hereford City and County Lunatic Asylum: 1874. T. A. CHAPMAN, M. D.

Ninth Annual Report of the City of London Lunatic Asylum: 1874. OCTAVIUS JEPSON, M. D.

Fourth Annual Report of the Cheshire County Asylum: 1874. P. MAURY DEAS, M. B., London.

Report of the Lunatic Asylum for the Counties of Bedford, Hertford and Huntingdon, called the "Three Counties Asylum": 1874. EDWARD SWAIN.

Annual Report of the Royal Edinburgh Asylum: 1874. T. S. CLOUSTON, M. D., F. R. C. P.

Tenth Annual Report of the Joint Counties Asylum: 1874. GEORGE J. HEARDEN.

Report of Hospitals for the Insane, in South Australia: 1874. ALEXANDER S. PATERSON.

REPORTS OF STATE BOARDS OF CHARITY, HEALTH,
TRANSACTIONS OF SOCIETIES, &c.

Fifth Annual Report of the Board of Commissioners of Public Charities of the State of Pennsylvania: 1875.

The Board makes special comment on the subjects of pauperism, vagrancy, prison economy, reformation of neglected, destitute and vicious children, and provision for the insane poor. Reports are made of the various charitable institutions of the State, and of the county penitentiaries, jails, almshouses and reformatories, hospitals, &c. There are many interesting and valuable statistical tables presented.

The Board recommend the establishment of a building, to serve as a bureau of general relief. This is founded upon the experience of Boston, which erected such a building, at an expense of \$300,000, the whole of which was saved in four years, by the advantages given for the intelligent distribution of public and private charities. The agents of the various instrumentalities for aiding the poor, have their offices in this building. Every application for aid is minutely examined, and a proper classification made, and responsibility established. The able bodied are handed over to the Industrial Aid Society; the sick are sent to Hospitals; the infirm to Homes; those who have no claim to aid, are turned away. This system insures a correct disposition of each individual case. The public are urged to refuse aid to the mere vagrant, to the street beggar, and to those whose idleness only, brings them to want, and to make their contribution direct to the organizations, whose representatives are able to distribute them intelligently, and thus do away with "that blind unquestioning charity, which has become a potent cause of pauperism, and moral debasement, instead of an agent of elevating philanthropy."

This suggestion of the Commissioners, is entirely practical, and will no doubt prove of great benefit in the larger cities, especially in Philadelphia, to which it is adapted, as here only in the State is there such an amount of funds contributed, and such variety of charitable organizations as could fairly demand and use such a building.

In regard to prison economy, the main principles of a plan, more fully presented in former reports, are again reproduced. It is called an ideal plan, and the acknowledgment is made, that it can not be carried out in its entirety, in the present condition of public sentiment. The method which has in a few instances been employed with success, is briefly, that the convict is not sentenced for any specific time, but until he has earned a certain number of marks proportionate to the crime. These are reckoned as money, and with this the convict pays for his clothing, food, &c., and out of the surplus may buy his release. The system which is considered practical, and worthy of adoption is, that productive labor should be made sure and constant in prison, as a positive reformatory measure, and that the criminal should be taught to regard it as a relief, and a reward for meritorious conduct, rather than a compulsory infliction; that the prisoner be taught some trade or handicraft, to qualify him for gaining, on his discharge, an honest livelihood; that he be given the elements of practical learning, with moral and religious instruction, in short, that the treatment of the convict should appeal to his higher, rather than his lower nature, and should develop his self respect. The proceeds of the convict labor, which in some of the states have been in excess of expenses, it is proposed, after reimbursing the State, to devote, first, to the support of the convict's family, and also to form a sum in reserve for use of the

convict after his discharge. These recommendations are judicious, and if carried out, would, we have no doubt, do much to ameliorate the condition and improve the *morale* of convicts.

Examination of the criminal classes shows the intimate connection between ignorance and crime. Education is the barrier to be erected in the way of criminality of life and action. To reform and make useful citizens of the neglected, destitute and vicious children, which abound in our cities and towns, the Board urge the plan of educating them in industrial schools. There is in the present common school system, no place for the child without friends or home, without the means of supplying its wants in the way of clothing, or even food. The aim of the law is to be invoked, the State is called upon to support them, to send them to schools adapted to their condition, instead of supporting them through life in the various penal institutions. The plan of reformatories, it is claimed, can be so enlarged as to receive children of this class before they have, by their wicked and lawless conduct subjected themselves to punishment. Reference is made in support of this theory to the industrial schools of England and Scotland, in which countries more than one hundred have been established, and have already proved their adaptation by largely decreasing crime in the juvenile classes. The example of New York is also quoted; thirty-six of these schools are maintained by one society, and the attendance upon all of them has reached the large number of 13,606. The proofs adduced of their usefulness are certainly the best arguments for their establishment. There are two reformatories at present in the State, containing 898 inmates.

The Board has devoted considerable time and space to the consideration of the question of the proper

care and treatment of the "insane poor." The magnitude of this subject, both in the numbers, and in the humanitarian interests involved, may be gleaned from the statistics inserted. The whole number of insane in the State is computed at about 4,318. Upon the basis of one new case of insanity, occurring annually in every 3,986 of the population, the number is increased by 936. Of these, 465 are restored to health, and 325 die, leaving an annual increase of 146, which will demand continued care. The advantages of hospital treatment, in recent cases, both as regards the probability of recovery, and in an economic point of view are fully set forth. It is calculated that under early hospital treatment, the aggregate of \$9,676,866 would have been saved, "which has to a large extent, (we may safely say one-half,) been lost to the State for want of ample hospital accommodations, where the insane could have received adequate and skillful treatment." The Board is now prepared, after full deliberation to present a scheme for adoption by the State, for the care of the large number of the chronic insane. In brief, "it consists in the establishment, on the grounds of each of the State Hospitals for the insane, of detached buildings, near enough to the main institution for convenience, for the accommodation of, say two hundred of each sex of the chronic, and for the most part quiet patients, whose number is always largely in excess in all of our hospitals."

Then follows a description of these structures, their cheapness, "pro capita," of "living accommodations," also of board and care.

The Willard Asylum of our own State is quoted as a model institution of this kind, and large extracts made from the Managers report in commendation thereof. A synopsis of the report of Dr. Pliny Earle

is made, giving an admirable showing as regards an economic administration of affairs, which compares most favorably, even with the cheap structures, detached buildings, &c., and that, too, in a regularly organized State Asylum.

The report of the secretary and general agent of the board enumerates the benefits from an efficient State supervision. They are manifest in a marked degree in the jails and almshouses, and indeed in all the State institutions. A higher standard of treatment and care in the county establishments have been aimed at, and generally attained. The Board looks for efficient aid in the operation of a new law, giving them the power of appointing in each county, three or more visitors, who will act without compensation, but with the power of the Board. Another law of the last session, regarding the disposition of the insane, under criminal sentence or indictment is certainly a step in advance, in the direction of justice and humanity. It provides for the appointment of a commission, by the Courts, to decide upon the mental status of the accused. If found insane, it gives to the Court the power of sending the patient to an Asylum, and the subsequent control and disposition of the case, under the proper representation of the Superintendent of the Asylum. This resembles in general features, the law of the State of New York, passed in 1874; but is not so full and specific in detail. Legislation of the same general character, looking to the decision of the question of mental condition, when insanity is pleaded in excuse for crime, before the person is put to trial for the alleged offense against the law, has been introduced in other States. It is certainly desirable in every aspect of the case, and prevents the anomaly, so often witnessed, of placing an insane and irresponsible person in jeopardy for his life.

It is also in accord with the progress of the science of both medicine and law.

Eleventh Annual Report of the Board of State Charities of Massachusetts. January, 1875.

The institutions under the supervision of the Board, are of three main classes.

Pauper Establishments. The State Almshouse at Tewksbury, the State Workhouse at Bridgewater, and the State Primary School at Monson.

The Lunatic Hospitals. Viz.: Worcester, Taunton and Northampton Hospitals, as also the Asylum at Tewksbury, a portion of the State Almshouse.

Prisons and Reformatories. State Prison at Charles-town, State Reform and State Industrial Schools.

The sanitary condition of the Almshouse at Tewksbury, is said to have been unsatisfactory, and the patients are thought to have suffered much in the past, from imperfect nursing, unsuitable hospital arrangements, and insufficient medical care. The death rate for 1873, is an indication of the truthfulness of the statements. There was an average population of 816, or a total for the year of 2,721 patients, of whom 348 died. From the measures adopted to correct the evils, the death rate for 1874, was 314, for a total population of 3,000, and an average of 881.

In the Insane Asylum, the mortality rate was reduced below that of most of the eight years since its establishment. In 1873, with an average population of 300, there were 60 deaths, while in 1874, with an average of 409, there were only 42 deaths, or a percentage of 10 1-4 on the whole population, against 13 3-4 in 1873. The statistics for the eight years, show that 45 per cent. of all admitted and discharged, have died. Among the improvements made during the year at the sugges-

tion of the Board, is the appointment of a special physician for the insane. This relieves the physician of the Almshouse of much care and labor, and tends to promote the welfare and comfort of the insane. The Board recommend appropriations for further improving the condition of the pauper insane and sick in this Institution.

The necessity of provision for thorough ventilation in public institutions, and for careful and competent medical men and nurses, gives the occasion for some judicious remarks upon these subjects, and upon the observance of sanitary laws.

The new Asylum at Worcester, has been considerably progressed during the year, nearly half of the building has its walls, and a portion of its roofing complete, while the foundations of the remainder are already laid. The work advances slowly, and will occupy some years. In the meantime, the new portion will be used as an addition to the older part. But comparatively a small amount of money has been realized from the sale of the farm, and the State will be called upon to make large advances. The Institution is crowded with patients, the sanitary arrangements are not what they should be, and the mortality rates are said to be large, though this is accounted for by the Superintendent in the greater number of acute cases received, in comparison with the other institutions. About one-half of the new portion of the Taunton Asylum, is at present occupied, and there is room for about 400, to be increased to 500, which the Board give as the limit of patients, which should be placed under the management of one person. The opinion is expressed, that on the whole the condition of the hospitals is not as satisfactory as it was ten years ago. They are more crowded, the classification is of necessity less carefully made, and the

greater and constantly increasing number of incurables, it is said, tend to make the chance of recovery less for those patients who are curable.

An exception is made in regard to the Northampton Hospital, which is said to have improved during the past decade. It is called a model hospital in its details of management, so that it is almost as difficult to find matters of censure at Northampton, as it is to give unreserved praise to most hospitals. These remarks are said to be made without invidious personal distinction. "But while admitting the imperfections of our system for the insane, and regretting that it is now no better than it was ten years ago, justice requires us to say that we have found no flagrant abuse, and little that calls for serious censure. On the contrary, we believe it to be well administered, by officers who seek to do their duty, and who have a conception of that duty which, in the main, is a high one. The foible of specialists, who manage insane hospitals in this country, is to fancy that they have already reached perfection, and that this excellent quality can be received and transmitted in official succession, like the apostolical function in the church. The earlier a superintendent emancipates himself from this tradition, the greater is his success likely to be. To succeed in the care of the insane, as in most other callings, demands good sense in constant exercise, under a strict, but not too anxious sense of duty, and a responsibility, not so much to public opinion, as to the higher demands of enlightened humanity."

We make no comment upon these remarks, regarding those who have charge of no inconsiderable portion of the charities of the nation. It is easy to criticise in this general way, the conduct of officials. The remarks seem directed at the conservatism of superintendents as

a body. In this view it is radically unjust. Regard for the traditions of the past has led them to maintain those principles which time and experience have proved to be founded in justice and right, and to avoid tempting the dangers of experiment, or yielding to the popular clamor. The report concludes with the reports of the general agent, and of the secretary of the Board.

Sixth Annual Report of the State Board of Health of Massachusetts: January, 1875.

In the death of George Derby, its efficient secretary, the Board met with a loss which was severely felt and sincerely mourned by his associates. A short memoir of his life and labors is given. The papers presented in the report are upon a variety of subjects, pertaining to the public health. They are by title, "Inebriate Asylums or Hospitals." "The value of health to the State." "Transportation of live stock." "Our meat supply and public health." "The Brighton Abattoir." "The composition of the air of the ground atmosphere." "The ventilation of railroad cars." "Cremation and burial, an examination of their relative advantages." This article is the most important and exhaustive we have yet seen upon this subject. There are eleven pages of bibliography, devoted to the enumeration of the names only, of the various works and articles which have been written. The conclusion reached, is, that "cremation, therefore, is an innovation not demanded in this country, on sanitary grounds, if, however, perfectly accomplished by the best known method, there is no reason why its adoption should not be optional with all persons." This is substantially the same as that adopted by the press of the country, and by those who have given attention to the subject during its recent

discussion in the public prints. Replies to circulars have been received from one hundred and fifty-five towns of the State. They report an unusual degree of health during the year. There have been but few deaths from small pox; typhoid fever has been of a mild type and less common, while infantile diseases have been less fatal, than in previous years,—attributable to the absence of excessive heat in the summer months. The labor of the Board is bearing fruit in the increased attention given to sanitary measures from the information furnished the people in these reports. During the ensuing year, the subject of the contamination of streams with sewage, poured into them from the cities and villages upon their banks, will be investigated.

Sixth Annual Report of the Board of State Charities and Corrections of Rhode Island: 1874.

The institutions under the supervision of the Board, are a State farm and almshouse; a workhouse and house of correction, with 199 inmates; and the Asylum for incurable insane, with 172 patients. A States Prison is projected, in the erection of which will be employed all the help that can be furnished by these charitable institutions mentioned above.

Proceedings of the Third Annual Session of the Medical Society of Washington Territory.

This contains a paper by Dr. C. H. Willison, read before the society, on the present condition of the insane in the Asylum. The state disclosed is a sad commentary upon the system of farming out lunatics. We quote :

Now Gentlemen, let us glance into the practical application of this unique system by which our insane are disposed of at a cost to the territory of about \$365 each per annum. We have at pres-

ent fifty inmates in the Asylum, forty-one males, and nine females. The immediate supervision of the institution is placed under the direction of one of the male attendants, an ignorant, inexperienced person formerly an ordinary farm laborer, who has authority over both male and female patients, with absolute authority to lock up, or put in irons, or use any manner of restraint that his brutal fancy may suggest to punish patients who do not conform to his crude ideas of proper deportment. The only classification that is made of patients is with regard to sex, the females are kept in a building separate from the male patients. Although we have ample room for the proper classification of all the patients, it was argued by the contractor that *it would cost much less to keep the male patients all together in one hall, as it would not require so much help to watch them.* By this ingenious arrangement of our economical superintendent, while part of the patients are out in the forest sawing and splitting wood; one man can watch those who remain in the ward. Consequently, when the female patients, a few weeks ago, were removed to an adjacent building, the partitions which divided the ward vacated by them, from the male ward, were torn away, and all the wards in the building thrown into one, despite my earnest appeal, both to the contractor and the inspectors of the Asylum, in behalf of the welfare of the patients and the interests of humanity, to leave this ward, which the female patients had occupied, to be used as a ward for any patients that might be convalescent, and who so much needed rest, and quiet, away from the ceaseless irritation and everlasting annoyances consequent upon being compelled to mingle with the boisterous, violent and furiously insane. This, like every other suggestion I have made in the interests of the patients, has been treated with silent contempt.

The matron occupies a room adjoining the female ward. She is expected to see that the patients are dressed in the morning, get their food during the day and go to bed at night. Should a female patient become refractory at any time, she is turned over to the male attendants to "handle." In order to get along without female attendants, those of the patients who are thought likely to prove troublesome or importunate, have their hands manacled and are "turned out loose" in the ward, to tumble about helplessly at the risk of breaking their necks.

It is a principle well established among medical men everywhere, that the diet of sick persons should be prescribed with as much care and intelligence, as other therapeutical remedies to insure any

reasonable hope of success. Here in this novel institution, the dietary of these diseased persons is placed under the charge of a Chinaman, who with the help of four or five of the patients prepares and dispenses the food to all inmates. As the physician is not permitted to have any voice whatever in arranging the diet of these patients, is it not at least presumable that the quality of their food will be selected with reference to the prices current of different kinds of provisions, rather than the diseased condition or different physical requirements of those to whom it is supplied?

The Doctor then shows by quoting from the propositions of the Associations of Superintendents of Asylums for the insane, and by extracts from authors, the requirements of an institution for the proper care of the insane, and strives to gain the influence and aid of the society in the cause of improving the Asylum of their own Territory.

BOOK NOTICES.

Heredity: A Psychological Study of its Phenomena, Laws, Causes and Consequences. From the French of TH. RIBOT. Author of *Contemporary English Psychology.* New York: D. APPLETON & Co., 549 and 551 Broadway, 1875.

The author states that the physiological side of the question of heredity has been diligently studied, but that the psychological has received but little attention. To supply this deficiency, is the object of the work before us. Man may be regarded either in the functions which constitutes his physical life, or in the operations which constitute his mental life. Are both of these forms subject to the law of heredity, either wholly or in part, and if so, to what extent, are they so subject, is the problem to be solved. The two forms of man's existence, the physical and the psychical are so closely related that they must be considered together. Hereditary transmission of the external and internal

structure of the body, of peculiarities of race, of families and individuals, and even acquired habits is considered a well established fact, the statement of which is only needed to carry conviction. Psychological heredity is treated of under the headings given in the title; of facts, laws, causes and consequences.

The heredity of the different mental powers, of memory, imagination, intellect, will, is largely sustained by instances in individual families. Perhaps this is the strongest evidence that can be adduced, but it is open to the objection that the examples are so few in comparison with the whole number of persons in whom no such tendency can be shown, that the strength of the argument must be placed upon the maxim, that the exception proves the rule.

The author holds that diseases are transmissible like all the characteristics of the external and internal normal structure. To the question whether the modes of mental life are transmissible, under their morbid, as under their normal form, an affirmative answer he claims must be given, as the study of mental disorders contributes its quota of facts, in favor of heredity. He maintains that in man to every psychological state whatsoever, corresponds a determinate physiological state, and vice versa, or in other words, mental diseases have an organic cause. To the argument adduced by some adherents of the purely moral causation of the disease, on the ground that the brain presents no appreciable lesion, he opposes, "but beyond the limits that can not be passed by the microscope, there exist phenomena which, though inappreciable to our senses, are nevertheless material," and instances, "electricity, magnetism and all the various physical and chemical agencies," as producing molecular changes which elude our investigations, but of which

the consequences may be fatal. And since insanity is dependent upon some morbid affection of the nervous system, and as every part of the organism is transmissible, the heredity of mental disorders is the rule. The interchangeable character of the different morbid psychical states is also noticed. The laws of heredity are essentially those, generally recognized by writers on the subject, viz:

Direct heredity, which consists in the transmission of paternal and maternal qualities to children.

Reversional heredity or atavism, which consists in the reproduction in the descendants of the moral or physical qualities of their ancestors.

Collateral or indirect heredity, and finally, though very rare *heredity of influence*. These are taken up in succession, and with the exceptions, afford a means of classifying all cases of heredity.

Upon the subject of causes, the author disclaims entering upon the question of teleology or final causes. Heredity is concerned only with the problem of the influence of the physical upon the moral, though the converse is also recognized. In passing from theory to experience, or from the abstract to the concrete he strives to show that every mental state implies a corresponding physical state; hence his conclusion that an habitual mental state, must have as its condition an habitual physical state.

In physiological heredity he finds the causes of "psychological heredity." If we take one step backward and inquire the cause of physiological heredity, we are referred to biology, and here we pass into the realm of hypothesis. The most recent and best wrought out hypothesis is declared to be that of Darwin, the outlines of which are found in Spencer, and bear the name of "pangenesis," "which implies that each of the atoms or units, constituting an organism, reproduces itself."

He next treats of the consequences of heredity, and first adopts the theory of evolution, which consists in an integration, a transition from simple to complex. This is a universal law. The reason of this transformation from homogeneous into heterogeneous, is that every active form produces more than one change, and every cause more than one effect, hence results complexity. In heredity and evolution he finds the two necessary factors of every stable modification in the domain of life. In evolution every change is transitory; every modification, whether good or bad disappears with the individual, but with heredity added, variation becomes possible. "Evolution produces physiological and psychological modifications, habit fixes them in the individual, heredity fixes them in the race. These modifications, as they accumulate and in course of time, become organic, make new modifications possible in the succession of generations; thus heredity becomes in a manner a creative power."

Such is the influence given to heredity by Ribot. To the believers in the theory of evolution, this view can but be acceptable. Granting the premises, the reasoning is logical and exact, but denying the existence of evolution, and there is nothing left us in heredity but a monotonous conservatism of the same types, fixed once for all. The book is an interesting one, both in style and in the collection and preservation of a large mass of material, bearing on the question in discussion, and well repays reading.

Spinal Paralysis in Children, Acute; in Adults, Acute Sub-acute and Chronic. E. C. SEGUIN, M. D., Clinical Professor of diseases of the Mind and Nervous System, in the College of Physicians and Surgeons. (For private circulation only.)

The first article on spinal paralysis in the adult, was read before the New York Academy of Medicine, and is reprinted from the transactions of the Society.

Attention is called to a rare form of myelitis, whose existence has been revealed only in the last few years. Cases have been recorded under a variety of names, by Duchenne, Meyer, Charcot, Gombault, Bernhardt and others, and their similarity to cases of infantile paralysis noticed by several of the observers. Dr. Seguin gives a history of twenty-two cases, some of them occurring in his own practice. These are followed by remarks upon their semiology, diagnosis, pathology, prognosis and treatment.

The second article is a "Clinical Lecture upon Infantile Paralysis," delivered before the College of Physicians and Surgeons, 1873, and is reprinted from the *New York Medical Record*, January 15, 1874. This monograph gives a full history of the disease, its symptoms, pathology, diagnosis, prognosis and treatment, and also a report of twenty-five cases occurring in the practice of various physicians. The work is beautifully gotten up, and shows the extensive research and accuracy, so characteristic of the author.

Responsibility in Mental Disease. By HENRY MAUDSLEY, M. D.*

There would seem to be a peculiar point of view from which men of different professions are compelled to regard some practical questions. The fabulous diversity of council as to the materials of which the bulwarks of a city ought to be constructed, is as nothing to the divergence of opinion often entertained by professors of law and physic; for the candid tradesmen were at least agreed that walls ought to be built, while our modern professional men would certainly have disputed with eagerness whether walls were needful at all, and whether the existence of the city itself was to be desired. This contrast of professional opinion is nowhere more marked than in the opposed points of view from which lawyers and doctors regard the responsibility of the insane. The lawyers admit that some madmen are irresponsible for crime, but not all. The doctors, if we may take those who write on the question as the authorized exponents of medical opinion, deny that any man

* *The Law Journal*, February, 1875.

ought to be punished by the law for any offense which he has committed while in any state or condition of mental disease; and their definition of mental disease is so comprehensive that it is extremely hard to say whom it will not include. The meshes of the law are spread to catch criminals; but if the doctors beforehand have cleared the pond with their network of science, the men of the gown will only stir the mud.

Baron Bramwell, in his recent evidence before the Select Committee on the Homicide Amendment Bill, declared that "the common notion that a man may be acquitted [of murder] merely because he is mad, is erroneous." "It is obvious that what is called an uncontrollable impulse is one as to which the controlling or deterring motives are not strong enough; and this [the proposed alteration in the law] is a proposition in all cases to take away from a man in a state of mind in which he is more likely to do mischief than anything else, a deterring motive." "I would," he says, "control it by the fear of hanging, *mad or not mad.*"

It is not quite clear whether Baron Bramwell intended this energetic declaration to apply only to cases of what the doctors call impulsive insanity. Probably he did not, since he proceeded to express his opinion that the existing law supplies "a logical and good definition" of the insanity which excuses crime; and he also suggested a test of the efficacy of this law—namely, its preventive influence upon crazy people as a threat. "If you can find out," he said, "what man's mind is accessible to the influence of fear, you can find out the man you should punish; because those whom you threaten you ought to punish, that it may not be 'brutum fulmen.'" A man so mad that he does not know murder is wrong, mischevious, and forbidden, or is under such delusion that he is quite incapable of seeing that it is murder, is not sensible to the threat of being hanged.

The threat of being hanged would certainly not influence those madmen whom "the logical and good definition" of the existing law would excuse. The practical question is whether it does influence many others who can not be brought within this definition, yet whom the doctors declare ought to be held irresponsible for crime. Those who make and administer the law are compelled, by the necessities of their work and duty, to draw a line somewhere; and this able judge appears to have indicated the most practical consideration by which the direction of that line can be guided—namely, the utility of punishment. If all madmen were as sensible to the law's threats, and as capable of avoiding action

which the law forbids, as sane men are, there can be no reason why they should not all be held to be responsible. That the limitation of responsibility in mental disease by any hard and fast line should not correspond with the medical view of the question is, perhaps, no more than might have been expected from the bias of the medical mind. The physician, essentially a naturalist, strives at least to trace all function from its organic germs, and to him insanity is very often a growth and a development, and where it begins he can not tell. At all times, and in all cases, it is to him a disease; and the legal line which cuts a disease into two halves which have no reference to physiological considerations, he can by no means understand.

This standpoint of opinion would, to some extent, seem to be occupied by all medical men; but its exaggeration in the witness-box by those mad doctors whose versatile abilities are at the service of any solicitor getting up a case—and still more in the pages of those psychological authors whose teaching, if accepted, would sap the foundations of social safety—will scarcely be endorsed by the more judicious and generally instructed members of the profession.

In Dr. Henry Maudsley's contribution to the international series of publications, "Responsibility in Mental Disease,"* such doctrine has recently been advocated in a form which may readily find its way into the hands of sentimental jurymen and of crazy criminals; making the former more refractory under judicial direction, when the latter have claimed their *privilege* of committing crime without punishment; for Dr. Maudsley distinctly says that in doubtful cases, "which the physician, when he is obliged to give a name to them, is driven to call examples of partial insanity, moral insanity, homicidal mania, kleptomania, and the like," "he [the criminal] has surely the right to claim the privilege of his disease." Dr. Maudsley, however, does give a warning which may be useful to crazy criminals when they are under the temptation to commit murder, for he states that it is still the *practice* in this country to hang madmen for that crime. "English lawyers," he says, "cling with superstitious reverence to their criterion of responsibility," which has been described, he says, by one of the latest German commentators as "an error which at this day still exists in English jurisprudence, and has been the cause of countless judicial murders."

* Responsibility in Mental Disease. By Henry Maudsley, M. D., International Series. Henry King & Co. 1874.

In summing up on Cramwell's case, Justice Quain recently said: "There were men comparatively mad, but who might still be deterred from crime; and he believed that lay at the bottom of the difference between medical men and lawyers on this much-vexed question." Dr. Maudsley asserts that "lawyers, whose knowledge of insanity is for the most part not greater than that of the vulgar, share this opinion—that madness, if it exist, is so palpable a thing that no one can fail to recognize it." Yet his constant complaint against the lawyers is that "the old metaphysical spirit still inspires the criterion of responsibility which is sanctioned and acted upon in Courts of Justice in cases of insanity;" and his constant demand is that the test of insanity should be physical, and the analyst who applies it be a physician. His own definition, however, when at length we find it, is strangely metaphysical—namely, that "insanity is the effect and evidence of loss of power of will produced by disease, and the final result of its increase is the complete abolition of will."

PAMPHLETS AND REPORTS.

Report of the Committee on behalf of the Northern Hospital for the Insane. Located at Oshkosh, Wisconsin.

This report was made by Dr. Walter Kempster, Superintendent, and Hon. C. D. Robinson, Chairman of the Board of Trustees of the Asylum, who constituted a committee, to examine the heating apparatus used in hospitals and other large buildings. A description is given of the kind of apparatus used, and the results attained in fifteen institutions visited.

The Model Physician. A Valedictory address by HENRY D. DIDAMA, M. D., Professor of Principles and Practice of Medicine, Syracuse University, N. Y.

This is a short address delivered before the class of the University, graduating in medicine, and is replete with words of wisdom calculated to inspire respect for the profession of their choice, and condenses into a

few aphorisms, the highest duties of the physician to his patient and fellow practitioners. It sets forth a high standard of excellence.

Experimental and Clinical Observations on the use of Nitrite of Amyl in Epilepsy. JAMES H. McBRIDE, M. D., Assistant Physician to the Northern Hospital for the Insane, at Oshkosh, Wisconsin. [Reprinted from *The Chicago Journal of Nervous and Mental Disease.*]

The Doctor takes the ground that epilepsy is caused by an irritation of the medulla which produces contraction of the arteries, resulting in a condition of cerebral anaemia. The action of the nitrite of amyl in producing cerebral congestion, is claimed to have been proved by experiments on animals, and sustained by clinical observation. Several cases are detailed, showing the advantageous use of the remedy. It is found of value in cases in which spasm of the cerebral arteries is the proximate cause of the fit, and promises the most good in those in which there is a distinct aura preceding the fit. It is contra-indicated in all cases in which the convulsion is caused or preceded by cerebral congestion. The dose given, is ten to fifteen drops on cotton, to be inhaled, to be increased till the desired effect is gained.

A Case of Reflex Neuralgia, Associated with Urethral contractions and a rare form of Urinary Sinus, with a description of the Cold Water Coil. By FESSENDEN N. OTIS, M. D., &c. [Reprinted from *The New York Medical Journal.*]

On Spasmodic Urethral Stricture. F. N. OTIS, M. D. [Reprinted from *Archives of Dermatology.*]

The present status of Electricity in Medicine. WILLIAM F. HUTCHINSON, A. M., M. D., &c., &c.

The writer utterly disclaims the idea advanced by many, that in electricity will be found the panacea for

VOL. XXXII.—No. I—K.

all the ills flesh is heir to, but asserts for it a high position, as a remedy, though one not yet clearly defined. It has a limited value in diagnosis, is a definite and well known power in surgery, in the discussion of tumors, &c., and has been found a potent therapeutic agent in certain classes of disease. The author has found great benefit from its use in dysmenorrhœa, in functional derangements of the brain, in the atrophic paralysis of infancy, and as a general tonic in cases of mal-nutrition.

The experience of an observer, who, though devoting himself especially to the study and application of this remedy, has the good judgment to limit its claims within the bounds of well established clinical experience, inspires more confidence than the practitioner, whose only limit is the nomenclature of disease.

Ichthyosis of Tongue and Vulva. ROBERT F. WEIR, M. D.
[Reprinted from *The New York Medical Journal.*]

Stricture of the æsophagus with the lodgment in it of a foreign body. G. B. BALCH, M. D., Yonkers, N. Y.

This is the report of an interesting case in which stricture of the æsophagus had existed for some twenty-five years, caused by swallowing sulphuric acid. On this occasion, a piece of meat became lodged at the point of stricture. All attempts to remove it by instruments, proving unsuccessful, a prescription was used, of hydrochloric acid, pepsin and water, a tea-spoonful occasionally to keep the beef thoroughly moistened. In a few hours the process of digestion was so far advanced that the material passed into the stomach to the relief of the patient.

Opiophobia or Psychology of Opium Eating. W. A. F. BROWNE, Esq. [Reprinted from *The Journal of Psychological Medicine.*]

The conclusions drawn from an analysis of cases of the opium habit, favor the idea that the influence of the drug, "by whatever road it may travel, reaches primarily and directly, without dimming or disturbing the intellectual functions of the brain, the moral sense, the godlike attribute of our nature, and renders it expedient that such an infraction or weakening of responsibility should be recognized and estimated, whenever crimes or offenses against law have been committed by the habitual opium-taker," * * * "the confused and perverted notions of right and wrong in narcotic inebriation should be admitted as an element in the consideration of juries and judges." The writer who has had extensive experience in cases of insanity does not recall an instance in which this might be considered the efficient cause of the disease. This view is confirmed by others who have had good opportunities for judging of the fact.

Contributions to the Pathology and Therapeutics of Diphtheria. A. JACOBI, M. D., Clinical Professor of Diseases of Children in the College of Physicians and Surgeons, N. Y. [Reprinted from *Journal of Obstetrics.*]

There is no higher authority upon this subject than Professor Jacobi. We would commend this monograph as giving the most advanced and reliable view regarding the causation, pathology and treatment of the disease.

Annual Meeting of the Association of the Alumni of the Albany Medical College, and Address of President Didama.

President Didama delivered an address upon the "model patient." Governor Dix made some interesting

remarks upon the dignity of the profession, and the demands made upon the physician. He notices among medical classics the "Rule of Health of the School of Salernum," and the translation into English verse by Dr. Ordronaux, whose learning and classical taste have done so much honor to the medical profession.

Ex Governor John T. Hoffman, next addressed the Association. Although the Governor disclaims any special adaptation for the duty assigned him, he at least bears an intimate relation to the profession as the son of a Doctor. His remarks are full of good advice, enforced by anecdote, and by earnest, and at times eloquent words.

Proceedings of the New York Medico-Legal Society, Care and Safe Keeping of Lunatics. [Reprint from *The Sanitarian*,] July, 1874.

Annual Report of the Chief of Staff of Charity, Fever and Small Pox Hospitals, Blackwell's Island, N. Y. Dr. DANIEL H. KITCHEN.

During the year, 10,615 patients were under treatment; the daily average was 761. Some judicious remarks are made upon the causes of pauperism; at the head of all, intemperance is placed. In opposition to the views of many, it is not considered a disease, but a vice, which lies within the control of the individual will. The statistics of all cases under treatment are presented, as also several interesting *post mortem* examinations. A short account of the various institutions on the Island, which are placed under the charge of the Chief of Staff of Charity Hospital, by the Commissioners of Charity and Corrections, completes this interesting report.

Petition of American Medical Association, in behalf of the Medical Corps of the Army: 1874.

Rules and Regulations for the Government of Employés of the State Homœopathic Asylum for the Insane, at Middletown, N. Y.: 1874.

By Laws of the State Homœopathic Asylum for the Insane, at Middletown, N. Y.: 1874.

Transactions of the Medical Society of the District of Columbia: April, 1875.

Fifty-Fourth Annual Report of the New York Eye and Ear Infirmary: 1874.

Fourteenth Annual Report of the Cincinnati Hospital: 1874.

Sixth Annual Report of the New York State Institution for the Blind: 1874.

Twenty-Fourth Annual Report of the New York Asylum for Idiots: 1874. HENRY B. WILBUR.

Tenth Annual Report of the Illinois Institution for the Feeble-Minded Children: 1874. Dr. C. T. WILBUR.

CASE OF RAPID RECOVERY FROM INSANITY.—The following is a brief history of the case. Mrs. K— admitted May 5, native of Germany; aged 38 years; married; occupation, housekeeping; second attack, duration two months; length of the previous attack unknown.

Patient has not been addicted to the use of alcoholic stimulants; she has not received any injury to the head, and has not been subject to epilepsy. The disease is supposed by friends to be hereditary.

Medical certificate, states that patient had both delusions and hallucinations, described as follows: thinks that some one is about to kill her, or that she must kill some one, to atone for sins she has committed. Hears imaginary voices talking about her.

On admission, she presented the following symptoms; was very much emaciated, anaemic and extremely feeble, had an exceedingly haggard look, temperature

about normal, circulation feeble, pulse small and frequent, tongue dry, and covered with dark coating, breath very offensive. Her conversation was variable, at times, for a few moments she would converse with a certain degree of rationality. This apparent rationality was, however, soon succeeded by disconnected incoherences and delusionary utterances; she imagined that she was to be tortured or killed by those around her, and seemed impressed with the belief that she must kill others to atone for sins; she was exceedingly nervous and restless, never violent or noisy. Patient slept but very little the night following her admission, took but little nourishment, believed the food to be poisoned, continued incoherent and delusionary, and exhibited some suicidal tendencies. On the third day after, she began to show marked evidences of returning reason, and conversed with a good deal of earnestness and rationality; her improvement from this time forward was remarkably rapid. Ten days from the date of admission, she exhibited no indications whatever of mental derangement. Her general health had also improved; she was discharged on the 27th of the month as cured; I have every reason to believe she is doing well.

W. H. DEWITT,

Assistant Physician to the Longview Asylum, late Resident Physician to the Cincinnati Hospital.

NEW HAMPSHIRE. *Annual Report of the New Hampshire Asylum for the Insane:* 1875. Dr. J. P. BANCROFT.

There were in the Asylum, at date of last report, 281 patients. Admitted since, 120. Total, 401. Discharged recovered, 53. Improved, 37. Unimproved, 30. Died, 20. Total, 140. Remaining under treatment, 261.

The Doctor reports progress in the erection of the new wings. The cost per patient in the additions, will

be less than \$800, which is highly satisfactory. These buildings completed, an end will be put to the "pernicious public dormitory system."

Cases Illustrating the Direct Action of Remedies on the Nervous System. By FREDERIC D. LENTE, M. D. [Reprinted from the May number of *The Richmond and Louisville Medical Journal*: 1875.]

Cases are given illustrating the beneficial effect of calomel in sedative doses. Attention has been called to the value of this use of the drug by Dr. Lente in previous articles. Some thirty cases, mostly of myalgia, are reported, in which electricity was successfully employed. The galvanic and faradic currents were used in different cases, but the indications for choice are not given.

A Clinical Contribution to the Treatment of Tubal pregnancy. By T. GAILLARD THOMAS, M. D. [Reprinted from *The New York Medical Journal*, June, 1875.]

This is the report of a case of operation for tubal pregnancy, which terminated successfully. The sac was opened by a knife rendered incandescent by electricity; the foetus was removed, and the patient was placed in bed in twenty-eight minutes from the commencement of the operation. Such cases inspire confidence in medical science, and excite the admiration of the profession at the skill and self reliance exhibited by the operator.

The Proper Legal Status of the Insane and Feeble-Minded, a paper read before the New York Medico-Legal Society, by JOHN ORDRONAUX, LL D., State Commissioner in Lunacy, Professor of Medical Jurisprudence in the Law School of Columbia College, &c., &c.

S U M M A R Y.

Dr. Mark Ranney has resigned the position of Superintendent of the Wisconsin State Hospital for the Insane, and accepted the appointment of Superintendent of the Iowa Hospital for the Insane, at Mt. Pleasant, Iowa.

—Dr. H. A. Buttolph, the Superintendent of the New Jersey State Asylum, at Trenton, has been appointed to the same position in the new Asylum, soon to be opened at Morristown, New Jersey.

SALICIN IN THE TREATMENT OF DIARRHEA.—Dr. J. C. Bishop, of Middleport, Ohio, communicates an article to the *Detroit Review of Medicine and Pharmacy*, on the comparative value of opium and salicin in diarrhoea and dysentery. In this, he refers to an article in the *Southern Medical Record*, for October, 1874. He regards the salicin as a remedy superior in most respects, to those usually employed in such affections. How the salicin acts, how its curative influence is obtained, we are at present hardly qualified to determine. After detailing the history of eight cases, in which the salicin was employed, he gives the following conclusions why it is preferable to opium.

1st. Salicin is perfectly harmless, even when administered to very young children; opium is not so. 2d. Salicin increases the appetite and promotes digestion; opium destroys the former, and retards the latter. 3d. Salicin may be administered to the most delicate stomach without any ill sequences, while opium is absolutely contra-indicated in many persons, who possess a peculiar susceptibility to its action. 4th. Salicin has no appreciable effect upon the brain, while opium induces a hyperæmia of that organ. 5th. Salicin possesses valuable antiseptic properties, while opium, if it possesses any, does so in a very feeble degree. 6th. Salicin is an antiperiodic, while opium has no notable effects in that direction. 7th. Salicin prevents the putrefactive changes in the contents of the bowel; opium does not.